

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 13 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10122004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000150706 1. Entity Name CHESTER BUILDERS, INC.			
Principal Place of Business 205 BUTLER RIDGE RD. HAVANA, FL 32333		Mailing Address 205 BUTLER RIDGE RD. HAVANA, FL 32333	
2. Principal Place of Business 205 BUTLER RIDGE RD. Suite, Apt. #, etc.		3. Mailing Address 205 Butler Ridge Rd Suite, Apt. #, etc.	
City & State HAVANA, FL.		City & State HAVANA, FL.	
Zip 32333		Zip 32333	
Country AMERICA		Country USA	
4. FEI Number 331078544		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EAGEN, JOHN E 3841 KILLEARN CENTER CT., STE. A TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name John E. Eagan Street Address (P.O. Box Number is Not Acceptable) 818 Ashlyn Dr. City Tallahassee FL Zip Code 32303	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE John E. Eagan DATE 10-13-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKES, ROBERT 5620 OLD HICKORY LANE TALLAHASSEE, FL 32302	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER HALL 825 MARBOLD LN. TALLY, FL. 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, JAMES 205 BUTLER RIDGE RD. HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHATLEY, DANNY 205 BUTLER RIDGE RD. HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 10-13-04 (250) 510.3392	