


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153136		
1. Entity Name DANIELS AND SON CONSTRUCTION INC		

FILED
08 DEC 12 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13850 98TH STREET DUNNELLON, FL 34431	Mailing Address 13850 98TH STREET DUNNELLON, FL 34431
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2. Principal Place of Business - No P.O. Box # 13850 SE 98th Street	3. Mailing Address 13850 SE 98th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dunnellon FL	City & State Dunnellon FL	4. FEI Number 20-0485230	Applied For Not Applicable
Zip 34431	Country USA	Zip 34431	Country USA

11232008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent TRACIE P MAUNDER EA CB 234 SE 1ST STREET WILLISTON, FL 32696		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Tracie Maunder DATE 12/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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	P DANIELS, TAMMY 13850 98TH ST DUNNELLON, FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138987906 12/12/08--01040--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, TREVON 13850 98TH ST DUNNELLON, FL 34431 <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	SEC DANIELS, CHARLIE 13850 98TH ST DUNNELLON, FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <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	<u>08</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: Tammy Daniels P DATE 12/7/08 DAYTIME PHONE # 352-517-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR