## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000154766

Address:

City-St-Zip:

102 SOUTH 19TH STREET

FLAGLER BEACH, FL 32136

FILED Feb 24, 2009 Secretary of State

Entity Nan	ne: MATULJ'S	S CONSTRUCTION CO., INC.			
Current Principal Place of Business:			New Principal Place of	Business:	
	TH FLAGLER / BEACH, FL 32				
Current Mailing Address:			New Mailing Address:		
P.O. BOX 6 FLAGLER E	327 BEACH, FL 32	2136			
FEI Number:	16-1689967	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
CHIUMENTO, MICHAEL D ESQ. 4 OLD KINGS RD. NORTH, STE. B PALM COAST, FL 32137 US			CHIUMENTO, MICHAEL 4 OLDS KINGS RD PALM COAST, FL 32136		
The above in the State		ubmits this statement for the pu	rpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: MICHAEL CHIUMENTO				02/24/2009	
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MATULJ, SIME P.O. BOX 627 FLAGLER BEAC	Delete CH, FL 32136	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () MATULJ, BARB P.O. BOX 627 FLAGLER BEAC		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	SECR () WALSH, TIMOT	Delete HY J	Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SIME MATULJ MR 02/24/2009