2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000155493

1. Entity Name
R & R QUALITY CONSTRUCTION, INC

FILED
05 FEB -8 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02032005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
7823 193RD RD LIVE OAK, FL 32060	7823 193RD RD LIVE OAK, FL 32060

2. Principal Place of Business	3. Mailing Address
22037 119TH DR	P.O. Box 274
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: O'BRIEN FL	City & State: O'BRIEN FL
Zip: 32071 Country: SUWANNEE	Zip: 32071 Country: SUWANNEE

4. FEI Number: 38-3695355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETTREY, SADIE 14293 111TH PLACE MCALPIN, FL 32062	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: X Sadie Pettrey 2-5-05
Signature, typed or printed name of registered agent — Date
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $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 WILSON, RICHARD A SR 22037 119TH DR OBRIEN, FL 32071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary / Treas. MARY K. Wilson 22037 119th DR OBrien, FL 32071	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP WILSON, RICHARD A JR 22037 119TH DR ORBIEN, FL 32071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	700046905027 02/21/05--01022--007 **308.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT 04-05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: Richard A. Wilson RICHARD A. Wilson 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date