2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000157852

FILED Oct 26, 2004 Secretary of State

Entity Nam	ne: WADE C	ONSTRUCTION, INC.			
Current Pri	incipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
551648 US HILLIARD, I					
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
551648 US HILLIARD, I			P.O. BOX 353 HILLIARD, FL 32046		
FEI Number:	80-0097119	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WADE, HAI 551648 US HILLIARD, I The above I in the State	HWY 1 FL 32046 named entity	US submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (WADE, HAROL 551648 US HM HILLIARD, FL	/ Y 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (WADE, RONAL 551648 US HW HILLIARD, FL	/ Y 1	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: HAROLD J. WADE PD 10/26/2004