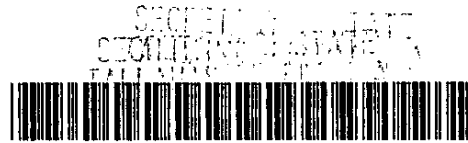


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000008282</b>					
<b>1. Entity Name</b> STILL WATERS CONSTRUCTION OF PASCO, INC.					
<b>Principal Place of Business</b> 10012 MOON LK RD NEW PORT RICHEY, FL 34654			<b>Mailing Address</b> 10012 MOON LK RD NEW PORT RICHEY, FL 34654		
<b>2. Principal Place of Business</b> 9930 Leguna St Suite, Apt. #, etc.			<b>3. Mailing Address</b> 9930 Leguna St Suite, Apt. #, etc.		
<b>City &amp; State</b> New Port Richey, FL Zip: 34654 Country: US		<b>City &amp; State</b> New Port Richey, FL Zip: 34654 Country: US		<b>4. FEI Number</b> 20-0861401	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> BEEMAN, TONYA M 10012 MOON LK RD NEW PORT RICHEY, FL 34654			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): 9930 Leguna St City: New Port Richey FL Zip Code: 34654		
<b>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.</b> SIGNATURE: <u>Tonya M. Beeman</u> DATE: <u>11-3-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PD NAME: BEEMAN, GREGORY A STREET ADDRESS: 9930 LEGUNA STREET CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VTD NAME: BEEMAN, TONYA M STREET ADDRESS: 9930 LEGUNA STREET CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: STYRON, LARRY A STREET ADDRESS: 9355 SPARE DR. CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE: S NAME: Stephen C. Markowski STREET ADDRESS: 9930 Leguna St. CITY-ST-ZIP: New Port Richey, FL 34654	<input checked="" 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	
<b>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.</b>					
SIGNATURE: <u>Tonya M. Beeman</u> <u>Tonya M. Beeman</u> <u>11-3-05</u> <u>727-408-0455</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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11032005 REIN-P CR2E098 (6/04)

REINSTATEMENT