


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 22 PM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000009188		
1. Entity Name DRAGO CONSTRUCTION INC.		

Principal Place of Business 180 GOLF CLUB LANE VENICE, FL 34293 US	Mailing Address 180 GOLF CLUB LANE VENICE, FL 34293 US
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2. Principal Place of Business 2271 Gentian Road Suite, Apt. #, etc.	3. Mailing Address 2271 Gentian Road Suite, Apt. #, etc.
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City & State Venice, FL	City & State Venice, FL
Zip 34293	Country US

REINSTATEMENT

4. FEI Number 20-0596064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DRAGO, FERNANDO 180 GOLF CLUB LANE VENICE, FL 34293	
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7. Name and Address of New Registered Agent Name Drago, Fernando Street Address (P.O. Box Number is Not Acceptable) 2271 Gentian Road City Venice FL Zip Code 34293	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRAGO, FERNANDO 180 GOLF CLUB LANE 2271 Gentian Road VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800061623278 11/22/05--01036--021 **150.00 <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
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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 exemption stated in Section 119.07(3)(f), 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: Fernando Drago 11-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 23 2005