

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000017069 1. Entity Name PHASES CONTRACTING, INC.				<div style="transform: rotate(-15deg);"> FILED 05 DEC 12 10 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 108A CORAL REEF COURT PALM COAST, FL 32137		Mailing Address 108A CORAL REEF COURT PALM COAST, FL 32137			
2. Principal Place of Business 3400 U.S. 1 N		3. Mailing Address 3400 U.S. 1 N			
Suite, Apt. #, etc. 5		Suite, Apt. #, etc. 5			
City & State Bunnell FL		City & State Bunnell, FL			
Zip 32110		Country USA		12072005 REIN-P CR2E098 (6/04)	
4. FEI Number 20-0630637		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired		Applied For			
6. Name and Address of Current Registered Agent HALE BUSINESS SERVICES, INC. 37 VILLAGE DR FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name Randolph E. Sandy Street Address (P.O. Box Number is Not Acceptable) 29 Old Kings Rd N Suite 1B City Palm Coast, FL Zip Code 32137		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 HARBOR, DONN A 108 BRUSHWOOD LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBOR, DONN A 61 Christopher Ct Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURIA, CATHERINE A 108-A CORAL REEF PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lauria, Catherine A 74 Carol Rd Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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)(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:			12-7-05 386-931-3032		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		