

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000019418

1. Entity Name
RIX CONSTRUCTION SERVICES, INC.



Principal Place of Business
416 NW WOODLANDS TERRACE
LAKE CITY, FL 32055 US

Mailing Address

416 NW WOODLANDS TERRACE
LAKE CITY, FL 32055 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0675221

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIX, JAMES L JR.
416 NW WOODLANDS TERRACE
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

2005
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

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.

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME RIX, JAMES L JR.
STREET ADDRESS 416 NW WOODLANDS TERRACE
CITY-ST-ZIP LAKE CITY, FL 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME RIX, JAMES L JR.
STREET ADDRESS 500062291525
CITY-ST-ZIP 12/20/05--01035--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/05

(386)365-5685

Date

Daytime Phone #

FILED
05 DEC 20 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

