


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN 15 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000019636	
1. Entity Name GEVOWER CONSTRUCTION, CORP	

Principal Place of Business 1900 HANNAH AVE PANAMA CITYB, FL 32405	Mailing Address 1900 HANNAH AVE PANAMA CITYB, FL 32405
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2. Principal Place of Business 21810 Dolphin AV Suite, Apt. #, etc. PANAMACITY Beach FL City & State 32413 Zip	3. Mailing Address 21810 Dolphin AV Suite, Apt. #, etc. PANAMACITY Beach City & State FL 32413 Zip
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REINSTATEMENT		CR25098 (11/05)
4. FEI Number 20-0672131	Applied For	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent GEVOWER, DENIS A 1900 HANNAH AVE PANAMA CITYB, FL 32405	7. Name and Address of New Registered Agent Name: Denis GEVOWER A Street Address (P.O. Box Number is Not Acceptable) 21810 Dolphin AV City: PANAMACITY Beach FL FL Zip Code: 32413
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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: Denis A. Gevower DATE: 6-15-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	P GEVOWER, DENIS A 1900 HANNAH AVE PANAMA CITYB, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21810 Dolphin AV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PANAMACITY Beach FL 32413
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800077093998 07/06/06--01060--011 **300.00
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 exemptions contained in Chapter 119, 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: Denis A. Gevower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

606 JUN 15 2006