


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000032055		
1. Entity Name 3 SANTOS CONSTRUCTION INC.		

FILED
08 DEC 30 PM 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6304 BENJAMIN ROAD SUITE 513 TAMPA, FL 33634	Mailing Address 13441 HUNTERS POINT STREET SPRINGHILL, FL 34609
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2. Principal Place of Business - No P.O. Box # 6510 W. COMANCHE AVE.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL	City & State
Zip 33634	Country U.S.A



12262008 REIN-P CR2E098 (1/07)

4. FEI Number 81-0643443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, RALPH 10921 AIRVIEW DRIVE TAMPA, FL 33625		7. Name and Address of New Registered Agent Name ADRIEN SANTOS Street Address (P.O. Box Number is Not Acceptable) 13441 HUNTERS POINT STREET City SPRING HILL FL Zip Code 34609	
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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 *Adrien Santos* **ADRIEN SANTOS** **PRESIDENT** **12-25-8**
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, 2009, 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 P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SANTOS, ADRIEN		NAME	
STREET ADDRESS 6510 W. COMANCHE AVENUE		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33634		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SANTOS, MICHEL		NAME	
STREET ADDRESS 6510 W. COMANCHE AVENUE		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33634		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Adrien Santos* **ADRIEN SANTOS** **12-25-8** **813-785-1689**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #