

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 DEC -4 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JD 12-5-07



REINSTATEMENT

DOCUMENT # P04000044420	
1. Entity Name POPE BROTHER'S CONSTRUCTION INC	



Principal Place of Business 2344 POPE LANE BONIFAY, FL 32425	Mailing Address P.O. BOX 760 GENEVA, AL 36340
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2. Principal Place of Business - No P.O. Box # 1163 VAUGHN RD	3. Mailing Address 1163 VAUGHN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BONIFAY FL	City & State BONIFAY FL
Zip 32464	Country HOLMES

6. Name and Address of Current Registered Agent ELLENBURG, LISA 1136 ENGLISH LANE WESTVILLE, FL 32464	
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7. Name and Address of New Registered Agent Name POPE, GREGORY Street Address (P.O. Box Number is Not Acceptable) 1163 VAUGHN RD City BONIFAY FL Zip Code 32464	
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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 <u>J. Pope</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>12/15/07</u> (NOTE: Registered Agent signature required when reinstating)

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.
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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 RODNEY, POPE 2344 POPE LANE BONIFAY, FL 32425 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200112805082 12/04/07--01011--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPE, GREGORY 1163 VAUGHN RD WESTVILLE, FL 32464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPE, GREGORY 1163 VAUGHN RD WESTVILLE, FL 32464 <input checked="" 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	<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: <u>Gregory Pope</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>12/13/07</u> 850-952-2302 Daytime Phone #