2006 FOR PROFIT CORPORATION

CARRIOR

REINSTATEMENT				_
1. Entity Nam		00044919 INSTRUCTION, INC.		FILED
Principal Place of Business 31315 CHEVY CHASE DR SORRENTO, FL 32776		Mailing Address 31315 CHEVY CHASE SORRENTO, FL 3277		06 MAR -1 PH 12: 13 09/12/05 90005, 032 150
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272006 REIN-P CR2E098 (11/05)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip of Current Registered Agent	Country	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
4TH FLOOR MIAMI, FL 33145 City 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.				PATTI LEVIN SELECTIS FL Zip Sode 726 Stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HORVATH, WILLIAM (31315 CHEVY CHASE SORRENTO, FL 3277	DR	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition CODOS 7437572 03/09/0601014024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B3115 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change D Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12 I harahy	certify that the information s	supplied with this filing does not qualify	for the exemptions contain	ned in Chanter 119. Florida Statutes, I further certify that the information

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

407-- 242-- 6185 Date Daysma Phone #

PATTI LEVIN INC. Accounting & Tax Service Post Office Box 121 Tavares, Florida 32778 (352) 383-0007



February 27, 2006

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Attn: Tyrone Scott

RE: William C. Horvath Construction Inc

2006 Annual Report

Reference number #P04000044919

Dear Mr. Scott:

As we discussed on the telephone earlier today, enclosed you will find a 2006 For Profit Corporation Reinstatement for William C. Horvath Construction Inc. and a check in the amount of \$150 for his 2006 annual dues.

Please note that William C. Horvath Construction Inc did not receive any correspondence from the state regarding his 2005 annual dues until he received a late notice in September 2005. He responded to the late notice immediately in September 2005 advising that he had not received any prior correspondence regarding his dues. He included a check for his 2005 annual dues in the amount \$150 which was cashed 9/12/05. He received no further correspondence and assumed the corporation had been reinstated. However, when he tried to pay his 2006 annual dues he became aware that reinstatement was still needed.

Please accept the enclosed reinstatement form and waive all late fees. Please advise William C. Horvath Construction Inc that the corporation has been reinstated.

Thank you for your assistance in this matter.

Sincerely yours, Patti Levin Ja

Patti Levin BS EA

Accountant

PL:mk

Enclosure

Cc: William C. Horvath Construction