


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000071065

1. Entity Name
GAMKO CONSTRUCTION INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 13 AM 10:07

| | |
|--|--|
| Principal Place of Business 4335 PINE MEADOW TERRACE SARASOTA, FL 34233 US | Mailing Address 4335 PINE MEADOW TERRACE SARASOTA, FL 34233 US |
|--|--|

REINSTATEMENT

05



| | |
|--|---|
| 2. Principal Place of Business 4550 S. LOCKWOOD RIDGE RD | 3. Mailing Address 4550 S. LOCKWOOD RIDGE RD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

12082005 REIN-P CR2E098 (6/04)

| | |
|-------------------------------------|-------------------------------------|
| City & State SARASOTA, FL | City & State SARASOTA, FL |
| Zip 34231 | Country SARASOTA |
| Zip 34231 | Country SARASOTA |

| | |
|--|--|
| 4. FEI Number 201071569 | 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

**CRISP, KIRK D
41 CORNELL ROAD
VENICE, FL 34293**

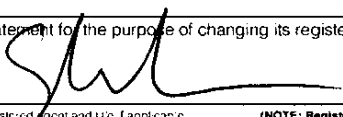
7. Name and Address of New Registered Agent

Name **MICK RIGOPULOS**

Street Address (P.O. Box Number is Not Acceptable)
4550 S. LOCKWOOD RIDGE RD

City **SARASOTA** FL Zip Code **34231**

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:  **PRESIDENT** DATE: **12/7/05**

(NOTE: Registered Agent signature required when reinstating)

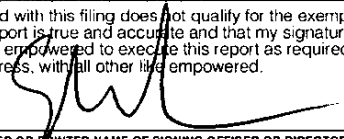
FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME RIGOPULOS, NICK G | |
| STREET ADDRESS 4335 PINE MEADOW TERRACE | |
| CITY-ST-ZIP SARASOTA, FL 34233 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME CRISP, KIRK D | |
| STREET ADDRESS 41 CORNELL ROAD | |
| CITY-ST-ZIP VENICE, FL 34293 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NICK RIGOPULOS | |
| STREET ADDRESS 4550 S. LOCKWOOD RIDGE RD | |
| CITY-ST-ZIP SARASOTA, FL 34231 | |
| TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KIRK CRISP | |
| STREET ADDRESS 1988 BAYWOOD TERRACE | |
| CITY-ST-ZIP SARASOTA, FL 34231 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 I/we empowered.

SIGNATURE:  DATE: **12/7/05** OFFICE PHONE: **941-400-1953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR