

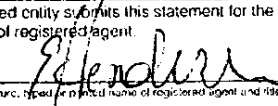
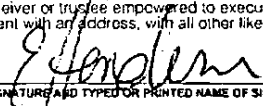
2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

DOCUMENT # P04000084771					
1. Entity Name CABRILLO CONSTRUCTION & DEVELOPMENT INC.					
Principal Place of Business 145 BEACHSIDE DR PONTE VEDRA, FL 32082			Mailing Address 145 BEACHSIDE DR PONTE VEDRA, FL 32082		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1183262	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, ERIC J 145 BEACHSIDE DR PONTE VEDRA, FL 32082				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 2-6-08	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HENDERSON, ERIC J			NAME	
STREET ADDRESS	145 BEACHSIDE DR			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA, FL 32082			CITY-ST-ZIP	11/13/07 60031 016 153-25
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HENDERSON, ELIZABETH M			NAME	
STREET ADDRESS	145 BEACHSIDE DR			STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA, FL 32082			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ 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: 				DATE 2-6-08 219-1918	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

2/6 aw