2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091095				DIDINOT RECIEVE
Entity Name MEADOWS CONSTRUCTION, INC.				Moncen'
MEXICAN	S CONSTRUCTION, INC.			NOTICED' Som Merdons 05NOV 30 PM 5: 04
			No.	05 AIDV 30 PM 5: 04
Principal Place	of Business	Mailing Address		T
833 S. DEERF	FIELD AVE.	833 S. DEERFIELD AVE.		SCURE FAILY OF STATE
#7 DEERFIELD BEACH, FL 33441		#7 DEERFIELD BEACH, FL 3:	3441	JALLAHASSEE, FLORIDA
		- DEEM 1520 DEACH, 1 C 3		E 1803/04%
2. Principal Place of Business		3. Mailing Address	070	
Suite, Apt. #, etc.		P.O. Box (018	_
		Suite, Apr. #, etc.		11242005 REIN-P CR2E098 (6/04)
City & State		City & State		4. FEI Number 59.3786545 Applied For
		DEERFIELD P		Not Applicable
Zip	Country	33443	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current		USA	7. Name and Address of New Registered Agent
			Name	
FILINGS, INC.			Syrani Address	
3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			Sireet Addres	s (P.O. Box Number is Not Acceptable)
11. ENODERDADE, 1 E 3331194732				
			City	Zip Code
Ba Baa Raton FL 333428				
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	Signature, typed or printad name of registered agent.	Musique (JOHN /Y/E	
(/	Signature, typed or primad famile or registered agents	and the approache. (NOTE: P	radistates Again stgnature rec	
FIL	E NOW!!! FEE IS \$150.00			DID NOT RECIEVE NOTICE In accordance with s. 607.193(2)(b), F.S., the
	uary 1, 2006, Fee will be \$300.0	10		corporation did not receive the prior notice.
10,	OFFICERS AND	DIRECTORS		ADDITIONS (CHANGES TO OFFICEDS AND DIFFERTORS IN
TITLE	DPST OPPICERS AND	Delete Delete	III.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	MEADOWS, JOHN	□ bekts		AME)
STREET ADDRESS	501 S.E. 3RD PLACE		STREET ADORESS	092 SACCO DR (ADDRESS CALY) 30CA RATON, FL. 33428
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		City-St-Zip C	30CA RATON, FL. 33428
TITLE	•	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY: ST-ZIP	
TATLE		☐ Delete		Change District
NAME		LI Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADORESS	000061793370 11/30/0501040007 **158.75
CITY-ST-ZIP			CITY-ST-ZIP	11/30/03 313:0 331 44/133113
TITLE		Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	ţ			
			CITY-ST-ZIP	
TITLE		☐ Delæle	TITLE	☐ Change ☐ Addition
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TITLE	,	☐ Del¢te	TITLE NAME STREET ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101130
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE .	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITLE NAME STREET ADDRESS CITY-ST-ZIP	101130
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	101130
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07(3Vi) Florida Stanues Liturities certify that the information
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	tion this report or supplemental report i rporation or the receiver or trustee emp	n this filing does not qualify for to strue and accurate and that movement to execute this report a	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption stated in a sponature shall have to	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	i on this report or supplemental report (n this filing does not qualify for to strue and accurate and that movement to execute this report a	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in a signature shall have to sequired by Chapter	Section 119.07(3)(i), Florida Statutes, I turther certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co-changed	on this report or supplemental report is reporation or the receiver or trustee empt, or on an attachment with an address,	n this filing does not qualify for to strue and accurate and that movement to execute this report a	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in a signature shall have to sequired by Chapter	Section 119.07(3)(i), Florida Statutes, I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
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