

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091220 1. Entity Name DADELAND CONSTRUCTION SERVICE CORP.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 06 JUN -2 PH 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 20552 SW 130 CT. MIAMI, FL 33177		Mailing Address 20552 SW 130 CT. MIAMI, FL 33177			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 57-120-7057 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BLANEO, JORGE - CORRECTION OF Name Only - 20552 SW 130 CT. MIAMI, FL 33177			
7. Name and Address of New Registered Agent Name Jorge Blanco 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <div style="text-align: right;"> 600077385436 07/12/06--01017--015 **300.00 </div>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANEO, JORGE - CORRECTION OF Name Only - 20552 SW 130 CT. MIAMI, FL 33177 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jorge Blanco	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANEO, YOLANDO - CORRECTION OF Name Only - 20552 SW 130 CT. MIAMI, FL 33177 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yolanda Blanco	
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: 6/1/06 <div style="float: right; text-align: right;"> Date Daytime Phone # </div>					