

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000138556

1. Entity Name  
RHAM CONSTRUCTION INC.



Principal Place of Business  
723 HARBOR WIND DRIVE  
JACKSONVILLE, FL 32225

Mailing Address  
723 HARBOR WIND DRIVE  
JACKSONVILLE, FL 32225

2. Principal Place of Business  
2933 N Myrtle Ave.

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville, FL

Zip Country  
32209 USA

3. Mailing Address  
2933 N Myrtle Ave.

Suite, Apt. #, etc.  
Suite 200

City & State  
Jacksonville, FL

Zip Country  
32209 USA

01252006 REIN-P CR2E098 (11/05)

4. FEI Number  
20-1966367

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name Cory N Ritchie  
Street Address 2933 N Myrtle Ave  
City Jacksonville FL 32209

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PSTD  
NAME RITCHIE, COREY N  
STREET ADDRESS 723 HARBOR WIND DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100065578461  
02/10/06--01042--022 \*\*308.75

TITLE  
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☐ Change ☐ Addition

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #