


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000142063		
1. Entity Name HOWELL CONSTRUCTION OF NORTHWEST FLORIDA, INC.		

Principal Place of Business 7575 SANDY CREEK DRIVE PENSACOLA, FL 32506	Mailing Address 7575 SANDY CREEK DRIVE PENSACOLA, FL 32506
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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

6. Name and Address of Current Registered Agent	
LEVIN, LOUIS P 1232 STOW AVE PENSACOLA, FL 32503	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR, JERRY A	NAME	
STREET ADDRESS	7575 SANDY CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, CHERYLE SUE	NAME	
STREET ADDRESS	7575 SANDY CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR, FORREST B	NAME	
STREET ADDRESS	5287 PALE MOON DR.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cheryl Sue Howell **850 - 12-22-08 - 457-8337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
08 DEC 30 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



121208 REINSTATEMENT 6 ED98 (1/07) 08

4. FEI Number 20-1732518	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

500139376235
12/30/08--01081--006 **150.00

12/1/8