2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000156061

Entity Name: MERIDIAN CONSTRUCTION SERVICES, INC.

FILED Sep 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 S RIVERSIDE DR SUITE 2 105 S RIVERSIDE DR SUITE 121 INDIALANTIC, FL 32903

INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

100 S RIVERSIDE DR SUITE 2 105 S RIVERSIDE DR SUITE 121

INDIALANTIC, FL 32903 INDIALANTIC, FL 32903

FEI Number: 55-0886911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORGESON, JOYCE MORGESON, JOYCE 1963 CLEVEĽAND ST NE 21 S FERNWOOD DR ROCKLEDGE, FL 32955 US PALM BAY, FL 32905

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.

SIGNATURE: JOYCE MORGESON 09/19/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete JACOBS, DAVID A Name: Name: JACOBS, DAVID A

100 S RIVERSIDE DR SUITE 2 105 S RIVERSIDE DR SUITE 121 Address: Address:

City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903

Title: Title: VΡ (X) Change () Addition () Delete

Name: HEINE, WILLIAM Name: HEINE, WILLIAM

100 S RIVERSIDE DR SUITE 2 105 S RIVERSIDE DR SUITE 121 Address: Address: INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 City-St-Zip: City-St-Zip:

(X) Delete Title: Title: AVP () Change () Addition

DOUTHETTE, CHRIS Name: Name: 100 S RIVERSIDE DR SUITE 2 Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JACOBS **PRES** 09/19/2005