
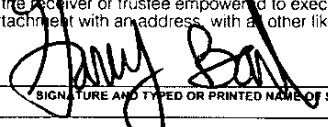


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000157221</b> 1. Entity Name <b>BACH CONTRACTING INC.</b>						06 OCT 10 3:32 SEC TALLAH	
Principal Place of Business <b>665 CR 532E BUSHNELL, FL 33513</b>				Mailing Address <del>POST OFFICE BOX 884</del> <del>BUSHNELL, FL 33513</del>			
2. Principal Place of Business		3. Mailing Address <b>UPS CR 532E</b>		 <b>REINSTATEMENT 2006</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State <b>Bushnell FL 33513</b>					
Zip	Country	Zip	Country <b>US</b>	4. FEI Number <b>59-3788644</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>REINSTATEMENT 2006</b>			
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City							
State <b>FL</b> 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) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/G/S</b> <b>BACH, GARRY JR.</b> <b>665 CR 532E</b> <b>BUSHNELL, FL 33513</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080832202</b> <b>10/13/06--01051--003 **150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 another like empowered.							
<b>SIGNATURE:</b> 				Date <b>10-9-06</b>			