


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000160586		
1. Entity Name USA CONSTRUCTION OF CENTRAL FLORIDA INC.		

FILED

2006 NOV -6 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 809 BRIDGEWAY BLVD. ORLANDO, FL 32828 US	Mailing Address 809 BRIDGEWAY BLVD. ORLANDO, FL 32828 US
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2. Principal Place of Business <i>1054 SW 3rd Street</i>	3. Mailing Address <i>1054 SW 3rd Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11012006 REIN-P CR2E098 (11/05)

City & State <i>Boca Raton, FL</i>	City & State <i>Boca Raton FL</i>
Zip <i>33486</i>	Country <i>Palm Beach</i>

4. FEI Number 20-1928829	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ABBOUD, DANA J 809 BRIDGEWAY BLVD. ORLANDO, FL 32828	
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7. Name and Address of New Registered Agent Name <i>Dana J Abboud</i> Street Address (P.O. Box Number is Not Acceptable) <i>1054 SW 3rd Street</i> City <i>Boca Raton</i> FL Zip Code <i>33486</i>	
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>11-1-06</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	P ABBOUD, DANA J 809 BRIDGEWAY BLVD. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Abboud Dana J</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1054 SW 3rd Street</i> <i>Boca Raton FL 33486</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OKRINA, BRAD 809 BRIDGEWAY BLVD. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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

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11/06/06==01034==015 ***150.00

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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>11-1-06</i> 561-417-8745 Daytime Phone #