2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000169324

Entity Name: FRAGATA CONSTRUCTION COMPANY, INC.

FILED Jul 11, 2006 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
17437 72NI LOXAHATO	D RD N CHEE, FL 334	70		17353 72ND RD N LOXAHATCHEE, FL 33470		
Current Ma	ailing Address	s:	New Ma	New Mailing Address:		
17437 72ND RD N LOXAHATCHEE, FL 33470			17353 72ND RD N LOXAHATCHEE, FL 33470			
FEI Number:	20-2038637	FEI Number Applied For()	FEI Number Not A	oplicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name a	nd Address o	of New Registered Agent:	
FRAGATA, OCTAVIO 17437 72ND RD N LOXAHATCHEE, FL 33470 US			17353 72	FRAGATA, OCTAVIO 17353 72ND RD N LOXAHATCHEE, FL 33470 US		
The above in the State		ubmits this statement for the p	ourpose of changing	g its registere	d office or registered agent, or both,	
SIGNATURE: OCTAVIO FRAGATA				07/11/2006		
Electronic Signature of Registered Agent					Date	
Election Cam	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () FRAGATA, OCTA 17437 72ND RD LOXAHATCHEE	N	Title: Name: Address: City-St-Zip	D FRAGATA, 17353 72NI : LOXAHATC		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	P FRAGATA, 17353 72NI : LOXAHATC		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	T FRAGATA, 17353 72NI : LOXAHATC		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	S TAVARES, 17353 72NI : LOXAHATC		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: OCTAVIO FRAGATA P 07/11/2006