2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P05000008505 1. Entity Name BILLY MOSS CONSTRUCTION, INC. 2006 OCT -9 PM 1:54 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 8423 CARACAS AVE 8423 CARACAS AVE ORLANDO, FL 32825 ORLANDO, FL 32825 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (11/05) 10062006 REIN-P 4. FEi Number Applied For City & State City & State 30-918 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOSS, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 8423 CARACAS AVE ORLANDO, FL 32825 Zip Code City 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. Signature, typed or existed name of requirered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition THEE TITLE Delete NAME MOSS WILLIAM F MAME 000080639270 8423 CARACAS AVE STREET ADDRESS STREET ADDRESS 10/03/06--01045--010 **150.00 CITY-ST-ZIP ORLANDO, FL 32825 CHY-ST-ZIP Change Addition ☐ Delete HILL TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SH-ZIP CITY-ST-ZIP Change Addition ☐ Delete THUE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-20 CITY-ST-ZIP Change Addition ☐ Delete IIILL TRLE NAME NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Delete TITLE BILE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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 it changed, or on an attachment with an address, with all other like empowered.

Daytir⊸ Phone #

3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: