



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:55

DOCUMENT # P05000014673					
<b>1. Entity Name</b> T M B CONSTRUCTION, INC					
<b>Principal Place of Business</b> 16443 NELSON PARK DRIVE CLERMONT, FL 34714 US			<b>Mailing Address</b> 16443 NELSON PARK DRIVE CLERMONT, FL 34714 US		
<b>2. Principal Place of Business</b> 5221 CAPE HATTERAS DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5221 CAPE HATTERAS DR Suite, Apt. #, etc.			
City & State CLERMONT FL		City & State CLERMONT FL		4. FEI Number 20-2243731	
Zip 34714		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> BARNES, THOMAS M 16443 NELSON PARK DRIVE CLERMONT, FL 34714			<b>7. Name and Address of New Registered Agent</b> Name BARNES THOMAS Street Address (P.O. Box Number is Not Acceptable) 5221 CAPE HATTERAS DR City CLERMONT FL Zip Code 34714		
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: <u>Thomas M Barnes</u> <u>pres</u> <u>12-20-06</u> <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> 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.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, THOMAS M 16443 NELSON PARK DRIVE CLERMONT, FL 34714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, THOMAS M 5221 CAPE HATTERAS DR CLERMONT FL 34714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPSON, TOM 16443 NELSON PARK DRIVE CLERMONT, FL 34714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPSON, TOM 5221 CAPE HATTERAS DR CLERMONT FL 34714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500083216505 01/04/07--01032--009 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 all other like empowered.					
SIGNATURE: <u>Thomas M Barnes</u> <u>pres</u> <u>12-20-06</u> <u>321-202-5717</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>					