


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000019568	
1. Entity Name PETROCCHI CONSTRUCTION INC.	

**FILED**  
08 JAN 25 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3590 S. OCEAN BLVD. SOUTH PALM BEACH, FL 33480	Mailing Address 3590 S. OCEAN BLVD. SOUTH PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11122007 REIN-P CR2E098 (1/07)

4. FEI Number 33-1111104	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  PETROCCHI, DANIEL J 3590 S. OCEAN BLVD # 101 SOUTH PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 1/27/08

<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>	
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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 PETROCCHI, DANIEL J 3590 S. OCEAN BLVD UNIT # 101 SOUTH PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200116104152 01/25/08--01033--010 ***300.00
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**REINSTATEMENT**

01-27-08  
[Signature]

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.

SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>1/27/08</u>	Daytime Phone #: <u>305 495-3745</u>
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