

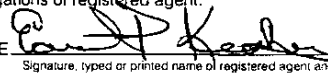



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000040901						<b>FILED</b> 07 JAN 17 PM 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name J.E.L. CONSTRUCTION OF TALLAHASSEE INC.				Principal Place of Business 724 ST. PATRICK DRIVE TALLAHASSEE, FL 32310			
Mailing Address 724 ST. PATRICK DRIVE TALLAHASSEE, FL 32310				2. Principal Place of Business - No P.O. Box # 8283 OLD BAINBRIDGE RD Suite, Apt. #, etc.			
3. Mailing Address SAME Suite, Apt. #, etc.				4. FEI Number 34-2040841			
City & State TALL FL				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32303				Country LEON			
City & State TALL FL				6. Name and Address of Current Registered Agent KEAHEY, EARNEST P 724 ST. PATRICK DRIVE TALLAHASSEE, FL 32310			
Zip 32303				7. Name and Address of New Registered Agent Name: EARNEST PATRICK KEAHEY Street Address (P.O. Box Number is Not Acceptable): 8283 OLD BAINBRIDGE RD City: TALL FL Zip Code: 32303			
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: 				DATE: 1/17/07			
Signature, typed or printed name of registered agent and not applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KEAHEY, EARNEST P <input type="checkbox"/> Delete 724 ST. PATRICK DRIVE TALLAHASSEE, FL 32310			TITLE NAME STREET ADDRESS CITY-ST-ZIP	O EARNEST P. KEAHEY <input type="checkbox"/> Change <input type="checkbox"/> Addition 8283 OLD BAINBRIDGE RD TALL FL 32303		
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		
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		
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		
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		
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		
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		
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: 				DATE: 1/17/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			