


2006 FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 NOV 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000045951		
1. Entity Name NEWBERRY STEEL CONTRACTORS, INC.		

Principal Place of Business 630 SW 260TH ST NEWBERRY, FL 32669	Mailing Address P O BOX 966 NEWBERRY, FL 32669
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2. Principal Place of Business 21325 NW 70th Avenue	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Alachua, Florida	City & State
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Zip 32615	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent

WALKER, S. SCOTT ESQ 527 E UNIVERSITY AVE GAINESVILLE, FL 32601

11202006	REIN-P	CR2E098 (11/05)
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4. FEI Number 20-2563229	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DURST, MICHAEL	
STREET ADDRESS	630 SW 260TH ST	
CITY - ST - ZIP	NEWBERRY, FL 32669	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, JASON	
STREET ADDRESS	630 SW 260TH ST	
CITY - ST - ZIP	NEWBERRY, FL 32669	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, MARY	
STREET ADDRESS	630 SW 260TH ST	
CITY - ST - ZIP	NEWBERRY, FL 32669	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURST, MICHAEL	
STREET ADDRESS	P.O. Box 966	
CITY - ST - ZIP	Newberry, FL 32669	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
		11/20/06	352-494-7545