2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000068957

Entity Name: JASON CRONIN CONSTRUCTION INCORPORATED

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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225 SABINE DR. 1 PORTOFINO DR. # 2107 PENACOLA BEACH, FL 32561 PENACOLA BEACH, FL 32561

Current Mailing Address: New Mailing Address:

225 SABINE DR. 1 PORTOFINO DR. #2107 PENACOLA BEACH, FL 32561 PENACOLA BEACH, FL 32561

FEI Number: 64-0942075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRONIN, JASON P CRONIN, KATIE T

225 SABÍNE DR. 1 PORTÓFINO DR. #2107 PENSACOLA BEACH, FL 32561 US PENSACOLA BEACH, FL 32561 US

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.

SIGNATURE: KATIE T. CRONIN 03/05/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: CRONIN, JASON P SR. Name: CRONIN, KATIE T

Address: 225 SABINE DR. Address: 1 PORTOFINO DR. #2107
City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VP () Delete Title: VP (X) Change () Addition Name: CRONIN, KATIE T Name: CRONIN, JASON P

Address: 225 SABINE DR. Address: 1 PORTOFINO DR. #2107
City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: PENSACOLA BEACH, FL 32561

Title: () Delete Title: TREA () Change (X) Addition

 Name:
 Name:
 CRONIN, KATIE T

 Address:
 Address:
 1 PORTOFINO DR. #2107

 City-St-Zip:
 City-St-Zip:
 PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE T. CRONIN PRES 03/05/2007