2007 FOR PROFIT CORPORATION ... REINSTATEMENT

## FILED **DOCUMENT # P05000080868** 1. Entity Name HERDER CONSTRUCTION CORPORATION 2007 NOV 29 PM 12: 12 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2714 N.W. 63RD STREET 2714 N.W. 63RD STREET GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11282007 REIN-P CR2E098 (1/07) Applied For 4. FEI Number City & State City & State 59-3314028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERDER, EDMUND G Street Address (P.O. Box Number is Not Acceptable) 2714 N.W. 63RD STREET GAINESVILLE, FL 32606 City Zip Code 8. The above named entity submits this statement for the garpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete Change HORDER, EDMOND G JR 300112687263 /29/07--01013--026 \*\*150.00 NAME NAME STREET ADDRESS 2714 NW 63RD ST STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Detete ☐ Change ☐ Addition Herder, Edmund on gr anid Mules St Bainerille, Fl 326010 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Ctrange \_\_\_ Addition TITLE REINSTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ooth; 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 changed, or on an attachmypt with an address, with 3 other like empowered. 2264 3SQ 31