2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P05000104068

1. Entity Name
BRIGANTTI CONSTRUCTION, INC.

06 OCT 12 PM 2: 23

Principal Place of Business	Mailing Address
1447 GOLDEN POND CT MINNEOLA, FL 34715	1447 GOLDEN POND CT MINNEOLA, FL 34715

REINSTATEMENT CR2E058 (11/05) 06

2. Principal Place of Business	**3.** Mailing Address	**4.** FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	20-3210113	Not Applicable
City & State	City & State		
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**	
BRIGANTTI, PEDRO 1447 GOLDEN POND CT MINNEOLA, FL 34715	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 _Pedro P. Brigantti_   10/9/06 /DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After January 1, 2007, Fee will be $300.00**		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	PS BRIGANTTI, PEDRO 1447 GOLDEN POND CT MINNEOLA, FL 34715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVILA, EDUARDO 1002 WOODSON HAMMOCK CIR WINTER GARDEN, FL 34787	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _Pedro P. Brigantti_   10/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date