## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000116853  1. Entity Name STUDRUNNERS CONSTRUCTION INC.			FILED 2007 NOV 26 PH 2: 25
Principal Place of Business Matting Address  1287 BRIARWOOD COURT 1287 BRIARWOOD COURT NAPLES, FL 34104 NAPLES, FL 34104		ī	SECRETARY OF STATE TALLAHASSEE.FLORID
2. Principal Place of Business - No P.O. Box # 2007 SHEFFIELD AVE. Suite, Apt. #, etc.	incipal Place of Business - No P.O. Box # 3. Mailing Address OO7 SHEFFIELD AVE. 2007 SHEFFIELD AV.		10152007 REIN-P CR2E098 (1/07)
City & State  MARCO ISLAND, FL  Zip Country	City & State  MARCO / SLAN (	D, FL Country	4. FEI Number Applied For 43-2088814 Not Applied by \$8.75 Additional
34145 USA 6. Name and Address of Current	34145	USA	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
PRATT, JAMES T  1287 BRIARWOOD COURT  NAPLES, FL 34104  Rame  PRATT, JAMES T.  Street Address (P.O. Box Number is Not Acceptable)  2007 SHEFFIELD AVE.  City MARCO ISLAND  FL Zip Code 34/45  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			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND TITLE CEO NAME PRATT, JAMES T STRET ADDRESS 1287 BRIARWOOD COURT CITY-ST-ZIP NAPLES, FL 34104	DIRECTORS	NAME PA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  EQ
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZEP	Change     Addition   
TITLE  NAME  STREET ADDRESS  CHY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME SIREET 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
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 filling 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: JAMES T. PRATT 11-18-07 239-253-5280  BIGHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Desystre Phone #			

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