



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000017373</b> 1. Entity Name <b>TZH CONSTRUCTION CORPORATION</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>08 JUN -4 PM 2:44</b>	
Principal Place of Business <b>35244 CORNERSTONE DR WEBSTER, FL 33597</b>				Mailing Address <b>35244 CORNERSTONE DR WEBSTER, FL 33597</b>			
2. Principal Place of Business - No P.O. Box # <b>19083 Red Bird Ln.</b>		3. Mailing Address <b>19083 Red Bird Ln.</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>PO Box 876</b>					
City & State <b>Lithia, FL</b>		City & State <b>Lithia, FL</b>		4. FEI Number <b>59-3834930</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33547</b>		Country <b>USA</b>		Zip <b>33547</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>MARTZ, RAYMOND E 35244 CORNERSTONE DR WEBSTER, FL 33597</b>				7. Name and Address of New Registered Agent Name <b>Bickert, Janice</b> Street Address (P.O. Box Number is Not Acceptable) <b>19083 Red Bird Ln.</b> City <b>Lithia</b> FL <b>33547</b>			
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 <u><i>Janice Bickert</i></u> <b>Janice Bickert</b> <span style="float: right;"><b>05/27/08</b></span> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTZ, RAYMOND E 35244 CORNERSTONE DR WEBSTER, FL 33597 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martz, Raymond E. PO Box 876 Lithia, FL 33547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BICKERT, WILLIAM A 19083 RED BIRD LN LITHIA, FL 33547 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500130723895 06/04/08--01008--031 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <b>07-08</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William A. Bickert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/27/08**  
Date Daytime Phone #