

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000023512

FILED  
Jul 18, 2008  
Secretary of State

Entity Name: CARLISLE CONSTRUCTORS, INC.

## Current Principal Place of Business:

4621 WOOLMAN AVE.  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

2239 FAWS STREET  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1811 LAGO DEL SUR  
MIDDLEBURG, FL 32068

## New Mailing Address:

2239 FAWS STREET  
JACKSONVILLE, FL 32207

FEI Number: 76-0818592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLK, BONNIE F  
1811 LAGO DEL SUR  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

POLK, GENE C JR  
2239 FAWS STREET  
JACKSONVILLE, FL 32207 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: GENE C POLK JR

07/18/2008

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:

Title: P ( ) Delete  
Name: POLK, GENE C JR.  
Address: 4621 WOOLMAN AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: S,T (X) Delete  
Name: POLK, BONNIE F  
Address: 1811 LAGO DEL SUR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP (X) Delete  
Name: POLK, GENE C SR.  
Address: 1811 LAGO DEL SUR  
City-St-Zip: MIDDLEBURG, FL 32068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POLK, GENE C JR.  
Address: 2239 FAWS STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GENE C POLK JR.

P

07/18/2008

Electronic Signature of Signing Officer or Director

Date