

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 14, 2009  
Secretary of State**

DOCUMENT# P06000072224

Entity Name: FULL PHASE CONSTRUCTION CORP.

**Current Principal Place of Business:**

1265 COMMON CT.  
CLERMONT, FL 34711

**New Principal Place of Business:**

1226 SHORECREST CIRCLE  
CLERMONT, FL 34711

**Current Mailing Address:**

1265 COMMON CT.  
CLERMONT, FL 34711

**New Mailing Address:**

1226 SHORECREST CIRCLE  
CLERMONT, FL 34711

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROWBRIDGE, STEVEN C  
1265 COMMON CT  
CLERMONT, FL 34711    US

**Name and Address of New Registered Agent:**

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: STEVEN C. TROWBRIDGE

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:                      PTD                      (X) Delete  
Name:                      BURGINA, JAMES  
Address:                      1265 COMMON CT.  
City-St-Zip:                      CLERMONT, FL 34711

Title:                      VPSD                      ( ) Delete  
Name:                      TROWBRIDGE, STEVEN C  
Address:                      1265 COMMON CT  
City-St-Zip:                      CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: STEVEN C. TROWBRIDGE

Electronic Signature of Signing Officer or Director

VSPD

10/14/2009

Date