## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000093820

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Nan	ne: FORCEC	ONSTRUCTION INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	TH W STREET LA, FL 32505	- BLDG G				
Current Mailing Address:			New Maili	New Mailing Address:		
	TH W STREET LA, FL 32505	- BLDG G	P.O.BOX 3 GULF BRE	81 EZE, FL 32562	2	
FEI Number:	20-5228094	FEI Number Applied For ( )	FEI Number Not Appl	cable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	, DAVID E LEAF CT LA, FL 32504	US		DAVID VENYCE CT EZE, FL 32563	3 US	
The above in the State		ubmits this statement for the p	ourpose of changing it	s registered off	fice or registered agent, or both,	
SIGNATUR	RE: KENNEDY	DAVID		04/30/2009		
	Electronic	Signature of Registered Age	ent		Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notic	э.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KENNEDY, DAVI	STREET - BLDG G	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SIMS, MAL	Delete STREET - BLDG G . 32505	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () [ SIMS, JOHN M II 984 BUCYRUS L CANTONMENT, F	N	Title: Name: Address: City-St-Zip:	DIR (X) ARCHER, MARY 338 VALENCIA S GULF BREEZE,	ST.	
Title: Name:	1 ( )	Delete	Title: Name:	DIR ()(	Change (X) Addition FERY SR	

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.

Address:

City-St-Zip:

13928 RIVER RD # 505

PENSACOLA, FL 32507

SIGNATURE: KENNEDY DAVID RΑ 04/30/2009