2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000107508						·					
1. Entity Name A & R CONSTRUCTION ASSOCIATES CORP.						FILED					
1			18		TE!	07 SEP 20 PM 2: 36				36	
Principal Place of Business Mailing Address				•					er er er er er		
1737 WALCOTT ST. 1737 WALC WESLEY CHAPEL, FL 33543 WESLEY CH			LCOTT ST. Chapel, FL 33543			SEUNCTARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Cuite Sea H		Cuita And H ata	Suite, Apt. #, etc.			PENSTATEMENT COS (1/07/07)					
Suite, Apt. #						OF ZOU	3 PMP CI	© REC	98 (1/07)	<u> </u>	
City & State		City & State				4. FEI Numb	er		<u> </u>	plied For t Applicable	
Zip	Country	Zip	Zip Count			5. Certificate	of Status Desired		8.75 Add	itional	
	6. Name and Address of Current I	Registered Agent				7. Name and	d Address of New F				
SPIEGEL & UTRERA, P.A.					Name						
1840 SW 22 4TH FLOOF	2ND ST.	-		Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	•						=	,			
				City			FL Zip Code				
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 SDIEGEL & UTTERO, P.A. SIGNATURE Slignature, typed beformed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ONTE											
FILE NOWII: FEE I8 \$150.00 After January 1, 2008, Fee will be \$300.00							In accordance corporation did	with s. 607. not receive	193(2)(b), I the prior n	F.S., the otice.	
10.	OFFICERS AND		11.				/CHANGES TO OFF	ICERS AND			
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NAME	NAM		- 1								
STREET ADORESS CITY-ST-ZIP				ET AODRESS -ST-ZIP							
12. I hereby certify that the information supplied with this filing coes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied either an officer or director.											
indicated on this report or supplied report is true and faccurate 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 regiver/or/rustee 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 that my name address, with all other like empowered.											
Changes, or on all attachment state of automoss, who all object like dispowered.											
SIGNATURE: 4140 81314 15-1210											
SIMATURE AND TYPED OR PROJED NAME OF BIGNING OFFICER OR DIRECTOR Date Dayline Prone											