

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000069881 1. Entity Name TIMELESS CONSTRUCTION MANAGEMENT, INC.					
Principal Place of Business 210 TYBEE CIRCLE BOYNTON BEACH, FL 33436				Mailing Address 210 TYBEE CIRCLE BOYNTON BEACH, FL 33436	
2. Principal Place of Business - No P.O. Box # 11925 SW 54th ST.		3. Mailing Address 11925 SW 54th ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State COOPER CITY, FL		City & State COOPER CITY, FL		4. FEI Number 41-2242680	
Zip 33330		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33330		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, GREGORY G II 210 TYBEE CIRCLE BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name BRIAN POWELL Street Address (P.O. Box Number is Not Acceptable) 11925 SW 54th STREET City COOPER CITY FL Zip Code 33330	
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>Brian Powell</i></u> 11/7/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, GREGORY G II 210 TYBEE CIRCLE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, GREGORY G II 10 HUNTERS COURT DALLAS, GA 30157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, BRIAN A 15345 NW 5TH AVE MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, BRIAN A 11925 SW 54th STREET COOPER CITY FL 33330	<input checked="" 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	000138008830 11/17/08--01056--018 **\$150.00	<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		<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		<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: <u><i>Gregory G. Ford</i></u> # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/1/08 (770) 990-3378 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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