


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000089431		
1. Entity Name PUNCH BOWL CONSTRUCTION INC		

Principal Place of Business 626 PUNCH BOWL ROAD DEFUNIAK SPRINGS, FL 32433 US	Mailing Address 626 PUNCH BOWL ROAD DEFUNIAK SPRINGS, FL 32433 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

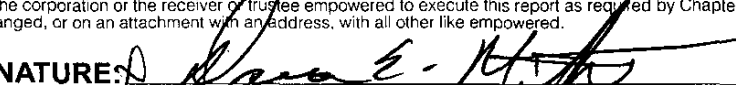
6. Name and Address of Current Registered Agent	
MITCHEM, DANA E 626 PUNCH BOWL ROAD DEFUNIAK SPRINGS, FL 32433	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State 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 	DATE 12-4-08
(NOTE: Registered Agent signature required when reinstating)	

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 900138738000	<input type="checkbox"/> Addition
NAME MITCHEM, DANA E		NAME 12/09/08--01024--006 **150.00	
STREET ADDRESS 626 PUNCH BOWL ROAD		STREET ADDRESS	
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	
TITLE SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHEM, JESSICA		NAME	
STREET ADDRESS 626 PUNCH BOWL ROAD		STREET ADDRESS	
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE 12-4-08 850-951-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dana E Mitchem	

FILED

08 DEC -9 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



12022008 REIN-P CR2E098 (1/07)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

REINSTATEMENT