

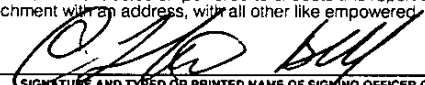


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|--|---|-------------------------------------|---|--|--|--|
| DOCUMENT # P40860 1. Entity Name FRIDAY CONSTRUCTION CO., INC. | | | |  | | FILED 05 DEC 28 AM 10:23 SECRET TALLAHASSEE | |
| Principal Place of Business 70 ADAMS ST. MOBILE, AL 36602 | | | | Mailing Address 70 ADAMS ST. MOBILE, AL 36602 | | | |
| 2. Principal Place of Business 1444 W I-65 SERVICE RD S | | 3. Mailing Address 1444 W I-65 SERVICE RD S | |  REINSTATEMENT 2005 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State MOBILE, AL | | City & State MOBILE, AL | | 4. FEI Number 63-1030522 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 36693 | Country USA MOBILE | Zip 36693 | Country USA MOBILE | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. | | | | Jennifer F. A. [Signature] Assistant Secretary State of Florida. I am familiar with, and accept | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 12/20/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE P | NAME BELL, C T | | | TITLE P | NAME BELL, C T | | |
| STREET ADDRESS 70 ADAMS ST. | CITY - ST - ZIP MOBILE, AL 36602 | | | STREET ADDRESS 1444 W I-65 SERVICE RD S | CITY - ST - ZIP MOBILE, AL 36693 | | |
| TITLE VP | NAME COMMISKEY, MICHAEL | | | TITLE 000064056330 | NAME 01/19/06--01018--003 **750.00 | | |
| STREET ADDRESS PO BOX 8466 | CITY - ST - ZIP PASCAGOULA, MS 39568 | | | CITY - ST - ZIP | | | |
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| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | | C. THURMON BELL | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date 12/13/05 (25) 666-6767 Daytime Phone # | | | |