FILED
05 AUG -5 AM 8:15
SEC. OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000013296

1. Entity Name
INNOVATIVE BUILDING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
142 OLD COUNTRY RD WELLINGTON, FL 33414 US	142 OLD COUNTRY RD WELLINGTON, FL 33414 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08042005 REIN-P CR2E095 (6/04)

4. FEI Number 65-0376904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY. SUITE 405 BOYNTON BEACH, FL 33435	Name Victor Rogalny Street Address (P.O. Box Number is Not Acceptable) 142 Old Country Rd. City Wellington FL Zip Code 33414

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 Victor R Rogalny Victor R Rogalny 8-4-05
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	P ROGALNY, VICTOR R 142 OLD COUNTRY RD WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EITEL, ERIC 1517 NORTH N ST LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600058695026 08/17/05--01041--016 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $150.00 received on-line
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/24/04. $38/8
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $38/5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 asterisk, with all other like empowered.

SIGNATURE: Victor R Rogalny Victor R Rogalny 8-4-05 561-722-6147
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Corporations Online

Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	$150.00
Email Address:	crogalny@att.net
Date/Time Paid:	11/24/2004 10:33:33
Payment ID Number:	5207716
Reference Number:	700042998177

Thank you for using the
LINK2GOV
Online Payment System.
Print this receipt for your records.

You MUST select continue in order to receive your CONFIRMATION from the State.

Continue

Attach John Pon

C