2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED DOCUMENT # P95000020650 OCT 25 PM 2: 31 ROWAN CONSTRUCTION-PSL, INC. SECKETARE OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1840 NW 33 ST 1840 NW 33 ST POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10072005 CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 65-0562956 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROWAN, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1840 NW 33 ST POMPANO BEACH, FL 33064 City Zip Code FL 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 Charles Kowar Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP ☐ Delete TITLE TITLE ☐ Addition 500060911235 10/25/05--01014--004 **75 NAME ROWAN, CHARLES NAME 1840 NW 33 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP DVST TITLE Delete TITLE ☐ Change Addition INFINGER, WILLIE R NAMÉ NAME 1840 NW 33 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE , Delete TITLE REINSTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME I Ploteers OCT 28205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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 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. 10/18/05 **SIGNATURE**