2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY -2 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083636

1. Entity Name
ALADDIN CONSTRUCTION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
PO BOX 71~~2227~~	PO BOX 71~~2227~~
JACKSONVILLE, FL 32238-0127	JACKSONVILLE, FL 32238-0127

2. Principal Place of Business	3. Mailing Address
12659-1 PLUMMER GRANT Rd.	POB 32456
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FLa	City & State: JAX'ville
Zip: 32258 Country: U.S.A.	Zip: 32237 Country: U.S.A.

04272005 REIN-P CR2E098 (6/04)

4. FEI Number: 59-3177813 — 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
SILVERS, ARTHUR O 538 LOCUST ST. JACKSONVILLE, FL 32254	Name: ARTHUR O. SILVERS Street Address (P.O. Box Number is Not Acceptable): 12659-1 PLUMMER GRANT RD. City: JACKSONVILLE FL Zip Code: 32258

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: ARTHUR O. SILVERS — April 30th 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	P ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	SILVERS, ARTHUR O	NAME	000054214090
STREET ADDRESS	~~538 LOCUST ST~~	STREET ADDRESS	05/10/05--01060--001 **308.75
CITY-ST-ZIP	~~JACKSONVILLE, FL~~	CITY-ST-ZIP	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARTHUR D. SILVERS	NAME	800054214278
STREET ADDRESS	12659-1 PLUMMER GRANT Rd	STREET ADDRESS	05/10/05--01060--002 **50.00
CITY-ST-ZIP	JACKSONVILLE, FLa 32258	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE REINSTATEMENT 04-05	☐ Change ☐ 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	
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.

SIGNATURE: ARTHUR D. SILVERS — 4/30/05 — 9047628876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

The check for $50.00 is to pay for my L.L.C. which is due in May 05.

It is under Arthur O. Sikes LLC or Aladdin Cones Co LLC - if there are any questions call me at 904 262-8876

Thank you

4/30/05