## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P96000081860

Address:

City-St-Zip:

7333 CR 208

SAINT AUGUSTINE, FL 32092

Entity Name: ANCIENT CITY CONSTRUCTION, INC.

FILED Oct 29, 2008 Secretary of State

|   | 71101211   | 0111                 |   |   |  |  |
|---|--|----------------------|---|---|--|--|
| Current Principal Place of Business:          |  |                      |   | New Principal Place                         | New Principal Place of Business:             |  |
| 7333 CR 2<br>SAINT AU                         | :08<br>GUSTINE, FL                                 | . 32092              |   |   |  |  |
| Current Mailing Address:                      |  |                      |   | New Mailing Addres                          | New Mailing Address:                         |  |
|   | FICE BOX 135<br>ISTINE, FL 32                      |                      |   |   |  |  |
| FEI Number:                                   | : 59-3412504                                       | FEI No               | umber Applied For()                                 | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                      |   | Name and Address                            | Name and Address of New Registered Agent:    |  |
| The above in the State                        | :08<br>GUSTINE, FL                                 | submits              | ·   | urpose of changing its registere            | ed office or registered agent, or both,      |  |
|   | Electro  | nic Signa            | ature of Registered Age                             | nt  | Date   |  |
|   |  |                      | F.S., the corporation did not und Contribution ( ). | receive the prior notice.                   |  |  |
| OFFICERS AND DIRECTORS:                       |  |                      |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>ANTONIO, JOI<br>7333 CR 208<br>SAINT AUGUS |                      | 32092   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | STD (<br>ANTONIO, KA<br>7333 CR 208<br>SAINT AUGUS |                      | 32092   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                               | VPD (<br>ANTONIO. JO                               | ) Delete<br>HN S JR. |   | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KATHLEEN ANTONIO STD 10/29/2008