

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000076095 1. Entity Name FISETTE CONSTRUCTION & REMODELING CO.				FILED 05 OCT 24 PM 7:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2336 PINE ISLAND COURT JACKSONVILLE, FL 32224		Mailing Address 2336 PINE ISLAND COURT JACKSONVILLE, FL 32224		 REINSTATEMENT 2005	
2. Principal Place of Business 159 19th Street North Suite, Apt. #, etc.		3. Mailing Address 159 19th Street North Suite, Apt. #, etc.			
City & State Jacksonville Beach Fla.		City & State Jacksonville Beach Fla.			
Zip 32250		Country USA		4. FEI Number 59-3465821	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent FISETTE, RUSSELL A 2336 PINE ISLAND COURT JACKSONVILLE, FL 32224 <div style="text-align: center; margin-top: 10px;"> (no change) </div>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and file if applicable.</small> </div> <div style="width: 40%;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE: 10/21/05 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISETTE, RUSSELL A		NAME		
STREET ADDRESS	2336 PINE ISLAND COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
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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: Russell A. Fiette 10/21/05 (904) 591-0606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					