2008 FOR PROFIT CORPORATION REINSTATEMENT

I

DOCUMENT # F0700005259							
A CONSTRUCTION, INC.						FILED	
					· 08 80	V - 3 PH 4:09	
Principal Place of Business Mailing Address							
922 7TH STREET 922 7TH STREET 900000000000000000000000000000000000		160	ALLAHASSE		LANT OF STATE LASSEE, FLORIDA	ł	
2. Principal Place of Business - No P.O. Box #	incipal Place of Business - No P.O. Box # 3. Mailing Address					I MUTT POTO ALL TUNI TUNI ALLE INTO	
Suite, Apt. #, etc. Suite, Apt. #, etc.			100 REINSTATEMENT		38 		
City & State	City & State			4. FEI Numbe 20-837			_
Zip Country	Zip	p Country		5. Certificate	of Status Desired	\$8.75 Additi Fee Required	ional
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
DLUBAC, MARK			Street Address (P.O. Box Number is Not Acceptable)				
12097 NW 30 TH STREET CORAL SPRINGS, FL 33065							
			City			FL Zip Code	
 The above named entity submits this statement for the obligations of registered agent. 	or the purpose of changing its	s registered o	office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, a	nd accept
SIGNATURE Mark	lala				10	-28-200	8
Signature typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered A	gent signature requir	ed when reinstating		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.0	00					vith s. 607.193(2)(b), F not receive the prior no	
10. OFFICERS AND	DIRECTORS	11.	·····	ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRECTORS	IN 11
TITLE P Delete TITT						🛄 Change	Addition
STREET ADDRESS 922 7TH STREET STR			ODRESS	3	661979	71979	
			- ZIP	11.70	001375 3/0801050		Addition
TITLE VP Delete TIT NAME SHELDON, SCOTT NA							
STREET ADDRESS 922 7TH STREET			ADDRESS - ZIP				
						🗌 Change	Addition
NAME STREET ADDRESS		NAME STREET A					
CITY-ST-ZIP		CITY-ST-					
TITLE	Delete	TITLE				Change	Addition
STREET ADDRESS		NAME STREET A	ADDRESS				
	3	CITY-ST	- ZIP				
	Delete	TITLE				🗌 Change	🔲 Addition
STREET ADDRESS		STREET A					
CITY-ST-ZIP	Delete	CETY-ST-	- 214			Change	Addition
NAME		NAME					_
STREET ADDRESS		CITY-ST	ADDRESS - ZIP				
12. I hereby certify that the information supplied with indicated on this report or supplemental report i	h this filing does not qualify for	or the exemp	ptions contained	I in Chapter 11	9, Florida Statutes. I	further certify that the info	ormation
 of the corporation or the receiver or trustee emp changed, or on an attachment with an address. 	owered to execute this repor	rt as required	d by Chapter 607	7, Florida Statut	es; and that my nam	e appears in Block 10 or l	Block 11 if
SIGNATURE: 500 to 300 10.03.08 810.982.5000							
SIGNATURE:							