2007 FOR PROFIT CORPORATION REINSTATEMENT

	145114017							
1. Entity Nam	MENT # P03000029 ONTRACTING, INC.	086				FILE	D	
Principal Place of Business 6525 NORTHWEST 12 COURT MIAMI, FL 33147 US MIAMI, FL 33147 US MIAMI, FL 33147 US			URT			2007 SEP 28 P	M 4: 43	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2 8 4 5 . w . 5 2 5 4 5 . w . 5 2 5 . Suite, Apt. #, etc.							RIDA	
City-& State	A	City & State		4. FE	62007 REIN-P	CR2E098 (1/07)	pplied For	
-3712-15	MI TORIBA	711A, T	Country		7-0050645 ertificate of Status Desired	, □ \$8.75 Add		
2212	6. Name and Address of Current F	Registered Agent	DADE	5	rne and Address of Nev	Fee Require	d	
Name ONLY						WNS		
DOWNS, RANDY 6525 NORTHWEST 12 COURT MIAMI, FL 33147				idress (P.O. Bo	rress (P.O. Box Number is Not Acceptable)			
MIAMI, FL	33147		2.8	411	S.W.	152,0	-	
			94	AMI		FL ଅ ^c ଞ	$\sim \sim \sim$	
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 9.26-07								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After January 1, 2008, 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.	ADC	I ITIONS/CHANGES TO C	FFICERS AND DIRECTOR	S IN 11	
TITLE NAME	DP DOWNS, RANDY D	C Delete	TITLE NAME	DPRE	がをするい	Change	Addition	
STREET ADDRESS	6525 NORTHWEST 12 COURT		STREET ADDRESS	2841	5. W. 15	5色にす。		
CITY-ST-ZIP	MIAMI, FL 33147	, , , , , , , , , , , , , , , , , , ,	C/TY-ST-ZIP	<u>with</u>	1. J 3	3135 201 = 0	MR S	
TITLE NAME	HEPBURN DOWNS, SANDRA	☐ Delete	TITLE NAME	4E DI	Man Dan	SANAS 250C	Addition	
STREET ADORESS CITY-ST-ZIP	6525 NORTHWEST 12 COURT MIAMI, FL 33147		STREET ADDRESS CITY-ST-ZIP	2841	ا الماريخ	5265	-	
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TITLE		☐ Delete	TITLE			Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
NAME	* .	☐ Defete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			name Street address				1	
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 9.26-07 312-6563								
SIGNATURE: 8 aug 1 Houn flresident 9:26-07 312-6563								
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #		