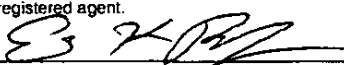
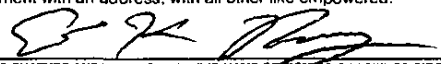


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000020175 1. Entity Name R1 CONSTRUCTION, INC					
Principal Place of Business 2613 NW 60 AVENUE MARGATE, FL 33063 US		Mailing Address 2613 NW 60 AVENUE MARGATE, FL 33063 US			
2. Principal Place of Business 6831 NW 43RD TER Suite, Apt. #, etc.		3. Mailing Address 6831 NW 43RD TER Suite, Apt. #, etc.			
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL		4. FEI Number 20-0688749	
Zip 33073		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33073		Country BROWARD		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEARES, WENDY M 1500 SW 68 TERRACE POMPANO BEACH, FL 33068			7. Name and Address of New Registered Agent Name: ERICH RITZ Street Address (P.O. Box Number is Not Acceptable) 6831 NW 43RD TER City: COCONUT CREEK FL Zip Code: 33073		
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10-18-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	P RITZ, ERICH 2613 NW 60 AVENUE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060819746 10/20/05--01039--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 10-18-05 <small>Date</small>	
DAYTIME PHONE: 954 701 3109 <small>Daytime Phone #</small>				FILED 05 OCT 20 PM 8:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 2005	