2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED
04 DEC 28 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # P03000009424

1. Entity Name
MATIAS & MARIA ONTIVEROS CONSTRUCTION INC.

12062004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
2006 NORMA AVENUE HAINES CITY, FL 33844	P.O. BOX 2420 WINTER HAVEN, FL 33883

2. Principal Place of Business	3. Mailing Address
724 GROVE Ave Suite, Apt. #, etc.	724 GROVE Ave Suite, Apt. #, etc.
City & State: CRESCENT City, FLorida	City & State: CRESCENT City, FLorida
Zip: 32112 Country:	Zip: 32112 Country:

4. FEI Number: 42-1573558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ONTIVEROS, MATIAS 2006 NORMA AVENUE HAINES CITY, FL 33844	Name: JAMES A. HAENFLER Street Address (P.O. Box Number is Not Acceptable): 20 N. Summit St City: CRESCENT City FL Zip Code: 32112

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: JAMES HAENFLER Jom Haen 12-6-4
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, 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 ONTIVEROS, MATIAS 2006 NORMA AVENUE HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 724 GROVE Ave CRESCENT City FL 32112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ONTIVEROS, MARIA 2006 NORMA AVENUE HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/ST ☒ Change ☐ Addition 724 GROVE Ave CRESCENT City FL 32112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REBOLLAR, INOSENCIO 1300 ROBINSON DRIVE APT.#2 HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800043671008 12/28/04--01029--003 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Maria Ontiveros MARIA ONTIVEROS 12-6-4 386-698-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #