


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000156399 1. Entity Name RIOS GENERAL SHELL CONTRACTOR, CORP.	
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Principal Place of Business 1245 NE 159TH STREET NORTH MIAMI BEACH, FL 33162	Mailing Address 1245 NE 159TH STREET NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip	3. Mailing Address Suite, Apt. #, etc City & State Zip	4. FEI Number 51-0614663
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FILED

07 DEC 26 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIOS, DOUGLAS 1245 NE 159TH STREET NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIOS, DOUGLAS 1245 NE 159TH STREET NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100113406791 12/26/07---01053---001 ***150.00
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2007

12/27