

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN -3 AM 8:36
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091167

1. Corporation Name 123 CONTRACTORS, CORP.

REINSTATEMENT

02-06

2. Principal Office Address
3433 Lithia Pinecrest

3. Mailing Office Address
3433 Lithia Pinecrest

Suite, Apt. #, etc.
343

Suite, Apt. #, etc.
343

City & State
VALRICO, FLORIDA

City & State
VALRICO, FLORIDA

Zip
33594

Country
Hillborough

Zip
33594

Country
Hillborough

CRZE081 (8/05)
T. Roberts JAN 05 2006

4. Date Incorporated or Qualified To Do Business in Florida 09/18/2001

5. FEI Number
59-3746099

Applied For
☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANA MILAGROS QUEVEDO

Street Address (P.O. Box Number is Not Acceptable)
3433 Lithia Pinecrest

Suite, Apt. #, Etc.
343

City
VALRICO

State FL **Zip Code** 33594

000063303440
01/10/06--01018--011 **750 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 12/27/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	ANA MILAGROS QUEVEDO	12919 Kingslake Drive	Gibson-ton, Fl 33534

000063303440
01/10/06--01018--012 **8.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ANA MILAGROS QUEVEDO, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2005 (813)363-3276

Date

Daytime Phone #

15212

123 CONTRACTORS, INC.
3433 LITHIA PINESCREST
SUITE 343
VALRICO, FL 33594

December 27th, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

Hereby we want to request your consideration for the reinstatement of the Corporation 123 Contractors, Corp., due to we never receive any notice for the renewal. Attached we are sending a Money Order for the amount of \$750.00 to cover the reinstatement fees *2002-2025* plus the renewal for 2006, as well as a Check for \$8.75 to cover the Certificate of Status.

Besides, we are including the Corporation Reinstatement form dully filled we the changes we are requesting on the same, new address and new officer.

Thanks in advance for your comprehension.

Sincerely,

Ana M. Quevedo
ANA M. QUEVEDO
President