

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000051569

1. Entity Name
A.C. GENERAL CONSTRUCTION & SERVICES, INC.



Principal Place of Business

2560 NW 7TH ST
MIAMI, FL 33125

Mailing Address

2560 NW 7TH ST
MIAMI, FL 33125

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212008 REIN-P CR2E098 (1/07)

4. FEI Number

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

CAPOTE, ALFREDO
2560 NW 7TH ST
MIAMI, FL 33125

Name

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

City

FL

Zip Code

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

Signature, typed 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, 2009, 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 P
NAME CAPOTE, ALFREDO
STREET ADDRESS 2560 NW 7TH ST
CITY-ST-ZIP MIAMI, FL 33125 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 600137323956
STREET ADDRESS 10/27/08--01053--011
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-2008

Date

Daytime Phone #

03 OCT 27 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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