I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT PUMA

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: SOUTHBOROUGH MA 01772

Officer/Director Detail :		
Title	D	
Name	PUMA, ALBERT	
Address	7 SUNRISE DR	

# MIAMI, FL 33131 US

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.

### SIGNATURE: ALBERT PUMA

Electronic Signature of Registered Agent

### DOCUMENT# P22000066487

Entity Name: A.W. PUMA RESTORATION & REMODELING, INC

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT** 

### **Current Principal Place of Business:**

848 BRICKELL AVE, PENTHOUSE 5 MIAMI, FL 33131

### **Current Mailing Address:**

848 BRICKELL AVE, PENTHOUSE 5 MIAMI, FL 33131

#### FEI Number: 88-4073865

## Name and Address of Current Registered Agent:

PUMA, ALBERT 848 BRICKELL AVE, PENTHOUSE 5

09/25/2023

FILED Sep 25, 2023 Secretary of State 3118711164CR

PRESIDENT

Date

Certificate of Status Desired: No

09/25/2023

Date