


**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

**FILED
Oct 04, 2006 8:00 A.M.
Secretary of State**

DOCUMENT # F81035
1. Entity Name
SACERIO AND SONS CONSTRUCTION CORP., INC.



Principal Place of Business Mailing Address
ATTN: ANTONIO SACERIO 11626 SW 170 ST., HOUSE
MIAMI, FL 33157 MIAMI, FL 33157

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE S.A.-A

Suite, Apt. #, etc. Suite, Apt. #, etc.
H N/A

City & State City & State
H H

Zip Country Zip Country
33157 USA 33157 USA

6. Name and Address of Current Registered Agent

SACERIO, ANTONIO
11626 SW 170 ST
MIAMI, FL 33157

REINSTATEMENT 06


09262006 REIN-P CR2E098 (11/05)

4. FEI Number Applied For
59-2128726 Not Applicable

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

7. Name and Address of New Registered Agent

Name ANTONIO SACERIO (SAME AGENT)
Street Address (P.O. Box Number is Not Acceptable)
#116 26 SW 170 ST
MIAMI DADE, FL
City MIAMI DADE, FL Zip Code 33157

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  ANTONIO SACERIO 09-30-06
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, 2007, 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

TITLE PT
NAME SACERIO, ANTONIO Delete
STREET ADDRESS 11626 SW 170 ST
CITY-ST-ZIP MIAMI, FL 33157

TITLE S
NAME SACERIO, LAZARO Delete
STREET ADDRESS 11626 SW 170 ST
CITY-ST-ZIP MIAMI, FL 33157

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
400080448404
10/04/06--01006--020 **158.75

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  ANTONIO SACERIO 09-30-06 305-975-7462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #