

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 18 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9800001725**

1. Corporation Name

AGUIRRE BUILDING SYSTEMS, Inc

REINSTATEMENT 05-08
CR2E081 (12/05)

2. Principal Office Address
12700 Park Central Dr

3. Mailing Office Address

Suite, Apt. #, etc.
15th Floor

Suite, Apt. #, etc.

City & State
Dallas, Tx

City & State

Zip
75251

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **03/26/1998**

5. FEL Number
752703210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Jane S. Kray
Jane S. Kray Assistant VP

Date

1/14/08

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
CEO	Pedro Aguirre	12700 Park Central Dr, 15 th Fl	Dallas, Tx 75251

200113404307
01/30/08--01034--003 **336.25

200113404307
12/26/07--01038--021 **872.50

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.20.07

Date

972-788-1508

Daytime Phone #