

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M22443

FILED  
Oct 04, 2009  
Secretary of State

Entity Name: MAURETTE CONSTRUCTION COMPANY, INC.

**Current Principal Place of Business:**

500 SW 125 AVE  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SW 125 AVE  
MIAMI, FL 33184 US

**New Mailing Address:**

FEI Number: 59-2712287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAURETTE, JOSE J  
500 SW 125 AVE  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

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: JOSE MAURETTE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAURETTE, JOSE J  
Address: 500 SW 125 AVE  
City-St-Zip: MIAMI, FL 33184 US

Title: STD ( ) Delete  
Name: MAURETTE, MARIA A  
Address: 500 SW 125 AVE  
City-St-Zip: MIAMI, FL 33184 US

Title: D ( ) Delete  
Name: DE LA PENA, LUIS  
Address: 500 SW 125 AVE  
City-St-Zip: MIAMI, FL 33184 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE MAURETTE

PD

10/04/2009

Electronic Signature of Signing Officer or Director

Date