

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JUN -3 PM 1:16

SECRET
TALLAHASSEE, FL 32301

DOCUMENT # P00000019845

1. Entity Name
JAIGON IRON WORK, CORP.



Principal Place of Business
9462 N.W. 13TH ST.
BAY 70
MIAMI, FL 33172

Mailing Address
9462 N.W. 13TH ST.
BAY 70
MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05232005 REIN-P CR2E098 (6/04)

4. FEI Number
90-0015462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, JAIME
9462 N.W. 13TH ST.
BAY 70
MIAMI, FL 33172

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/1/05
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME GONZALEZ, JAIME ☐ Delete
STREET ADDRESS 9462 N.W. 13TH ST., BAY 70
CITY-ST-ZIP MIAMI, FL 33172

TITLE TD
NAME GONZALEZ, OSCAR ☐ Delete
STREET ADDRESS 9462 N.W. 13TH ST., BAY 70
CITY-ST-ZIP MIAMI, FL 33172

TITLE VP
NAME ABARCA, JOSE ☐ Delete
STREET ADDRESS 9462 NW 13TH STREET, BAY 70
CITY-ST-ZIP MIAMI, FL 33172

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

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

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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 exemption stated in Section 119.07(3)(i), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05
Date

305) 7189639
Daytime Phone #