

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 17 PM 5:32

**REINSTATEMENT** 05

DOCUMENT # P01000089013

1. Entity Name  
POWER BUILDING MAINTENANCE & SERVICES  
CONTRACTOR, CORP.



Principal Place of Business Mailing Address  
19827 NW 85TH AVE 14016 NW 82nd Ave 19827 NW 85TH AVE 14016 NW 82nd Ave  
MIAMI, FL 33015 Miami Lakes, FL 33015 MIAMI, FL 33015 Miami Lakes, FL 33016



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11162005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number  
65-1147866

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYZE, LUIS M  
19827 NW 85TH AVE 14016 NW 82nd Ave  
MIAMI, FL 33015 Miami Lakes, FL 33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME AYZE, LUIS M  
STREET ADDRESS 19827 NW 85TH AVE  
CITY-ST-ZIP MIAMI, FL 33015

TITLE PD  
NAME AYZE, LUIS M  
STREET ADDRESS 14016 NW 82nd Ave  
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE VPD  
NAME AYZE, ELENA  
STREET ADDRESS 19827 NW 85TH AVE  
CITY-ST-ZIP MIAMI, FL 33015

TITLE VPD  
NAME AYZE, ELENA  
STREET ADDRESS 14016 NW 82nd Ave  
CITY-ST-ZIP Miami Lakes, FL 33016

TITLE  
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TITLE  
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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

11/16/05 (305)829-9906  
Date Corporate Phone #