

2005 FOR PROFIT CORPORATION REINSTATEMENT

2004-2005 Reinst.

DOCUMENT # P02000000912

1. Entity Name
ESPINOZA MAINTENANCE SERVICES, INC.



FILED

05 JUL -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1248 NE 179 ST
MIAMI, FL 33162

Mailing Address
1248 NE 179 ST
MIAMI, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06242005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
02-0608518

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

ESPINOZA, JUAN F
1248 NE 179 ST
MIAMI, FL 33162

Name

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

City
MIAMI

FL

Zip Code
33180

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

6-28-05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESPINOZA, JUAN F
1248 NE 179 ST
MIAMI, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2645 NE 204 TRL
MIAMI, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600057664016
07/19/05--01043--002 **300.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-05

Date

7862866067

Daytime Phone #