2004 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

FILED **DOCUMENT # P02000001747** 04 NOV 17 PM 12: 19 1. Entity Name BERNARDO ACEBEDO CONSTRUCTION INC. Mailing Address Principal Place of Business 11233 S.W. 190 ST. 11233 S.W. 190 ST. MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business 3. Mailing Address 16 (6/04) Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 80-0031915 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACEBEDO, BERNARDO Street Address (P.O. Box Number is Not Acceptable) 11233 S.W. 190 ST. MIAMI, FL 33157 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 reloatating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE mu [] Change Addition Detete ACEBEDO, BERNARDO A NAME NAME 500042828645 11/17/04--01028--014 **I STREET ADDRESS 11233 S.W. 190 ST. STREET ADDRESS **150.00 CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Defete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP COY-ST-2P 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