

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 24 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000009697	
1. Entity Name BORJA'S CONSTRUCTION, INC.	



Principal Place of Business 4720 NE 14TH TERRACE POMPAÑO BEACH, FL 33064	Mailing Address 4720 NE 14TH TERRACE POMPAÑO BEACH, FL 33064
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2. Principal Place of Business 330 SW 14th ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DEERFIELD BEACH	City & State
Zip 33441	Country US



10232006 REIN-P CR2E098 (11/05)

4. FEI Number 01-0575100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORJA, BASILIO 4720 NE 14TH TERRACE POMPAÑO BEACH, FL 33064	
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7. Name and Address of New Registered Agent Name BASILIO BORJA Street Address (P.O. Box Number is Not Acceptable) 330 SW 14th ST. City DEERFIELD BEACH FL Zip Code 33441	
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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 <i>Basilio Borja</i>	DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORJA, BASILIO 4720 NE 14TH TERRACE POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORJA, BASILIO 330 SW 14th ST DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081630776 11/08/06--01032--025 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Basilio Borja</i>	10/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date

OCT 24 2006