## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## SECRETARY OF STATE DIVISION OF COPPORATIONS DOCUMENT # P02000018765 06 APR 11 AM 10:53 B & C DUCTWORK CORP. Principal Place of Business Mailing Address 11230 S.W. 138 ST 11230 S.W. 138 ST MIAMI. FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For 02-0548713 Not Applicable Zip Zip Country 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 Name ESTENOZ, BILLY Street Address (P.O. Box Number is Not Acceptable) 11230 S.W. 138 ST. MIAMI, FL 33176 Zip Code City 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESTENOZ, BILLY 700070960877 NAME NAME 11230 S.W. 138 ST STREET ADDRESS STREET ADDRESS 04/19/06--01034--018 \*\*300.00 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE TITLE Change ☐ Addition 💢 Delete CASTILLO, SERGIO NAME STREET ADDRESS 7970 S.W. 14 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME 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 CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or unsteed explowered to execute this 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 addition with all other like empowered. 3059864656 SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED