

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COF	RPORATION STATEMEN	т 😂		Secretary	MENT OF STA of State DRPORATIONS	ΤE	0		TILED 3-4 AM 9	: 27	
DOCUMENT # P02000033768 1. Corporation Name							MELAHASSEE, FLORIDA				
A.G.C. ELECTRIC & RECYCLING CONTRACTOR, INC.											
-						RE	NST	ATI	EMENT	03-	0
2. Principal Office Address 3. Mailing 2620 WEST 79 STREET SAME				Office Address	s ¹						
Suite, Apt. #, etc. Suite, Apt. #				, etc.		4.	Date Incorp	orated or	Qualified	02	
City & State City & HIALEAH, FLORIDA			City & State				To Do Business in Florida 03-27-2002 5. FEI Number ✓ Applied For				olied For
Zip Country 33016 USA			Zip C		Country		6. S8.75 Additional Fee				
	7. Name and Address of Current Registered Agent										orStatus
	Name 300028282233 ENRIQUE GUZMAN 02/05/0401034001 **30.									n on	
	Street Address (P.O. Box Number is Not Acceptable) 2660 WEST 79 STREET							~		U1 ***JU	
	Suite, Apt. #, Etc.								. The second		- ^ ,
	City							State	Zip Code		
	HIALEAH			=	····			FL	33016		L,
Sa. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Pagistered Agent Date											Costos i myos
	/	_/_/_	REGISTERED AC								8
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Titles Name of Street Address of Each											
Titles	Officers and/or Directors			<u> </u>	Street Address of Each Officer and/or Director			City / State / Zip			
PD	ENRIQUE GUZMAN			14780 SW 98 AVE			,	MIAMI, FL 33176			
VD	HECTOR CABRERA			6860 SW 35 STREET				MIAMI, FL 33155			
D	ORLANDO LLINAS			2290 SW 11 STREET			MIAMI, FL 33135				
D	JOSE M. GARCIA			4737 SW 5 TERRACE				MIAMI, FL 33134			
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								:			
10. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true-and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								Date	Da	ytime Phone #	

TO: DIVISION OF CORPORATION; P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

ENRIQUE GUŹMAN

PRESIDENT

A had sent this last year but realized that it never got processed.

Please have this done as soon as possible.