

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000036498

Entity Name: A.D.V. & SON'S, CORP.

FILED
Nov 23, 2009
Secretary of State

Current Principal Place of Business:

9915 WEST OCKECHOBEE ROAD #5508
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

9915 WEST OCKECHOBEE ROAD #5508
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 02-0574346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL VALLE, ALFREDO
9915 WEST OCKECHOBEE ROAD #5508
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALFREDO DEL VALLE

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL VALLE, ALFREDO
Address: 8734 NW 116 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VPD () Delete
Name: DEL VALLE, JEAN PAUL
Address: 8734 NW 116 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD (X) Delete
Name: DEL VALLE, RAFAEL ANDRES
Address: 9915 WEST OCKECHOBEE ROAD #5508
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: TD (X) Delete
Name: DEL VALLE, ALFREDO JOSE
Address: 8734 NW 116 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD (X) Delete
Name: DEL VALLE, CARLOS MIGUEL
Address: 8734 NW 116 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL VALLE, ALFREDO
Address: 9915 WEST OCKECHOBEE ROAD #5508
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VP (X) Change () Addition
Name: DEL VALLE, ALFREDO JOSE
Address: 9915 WEST OCKECHOBEE ROAD #5508
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO DEL VALLE

P

11/23/2009

Electronic Signature of Signing Officer or Director

Date