

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 13 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09



11292004 REIN-P CR2E098 (6/04)

4. FEI Number 03-0490887 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, MARCO
223 LAUREL RIDGE PASS
DAVENPORT, FL 33837

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 12/9/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MARCO	
STREET ADDRESS	16254 D COOPERS HAWK AVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	V	<input type="checkbox"/> Delete
NAME	PULIDO, REINALDO	
STREET ADDRESS	223 LAUREL RIDGE PASS	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GUTIERREZ, DANIELLE V	
STREET ADDRESS	326 ROLLINS DR	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100043370271
STREET ADDRESS	12/13/04--01064--003 **158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with an other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Marcos Gutierrez 12/9/04 407-383-7150