

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT -6 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000052486

1. Corporation Name

One Stop Builders Corp.

2. Principal Office Address

4353 NW 11st

Suite, Apt. #, etc.

26

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

4353 NW 11st

Suite, Apt. #, etc.

26

City & State

Miami, FL

Zip

33126

Country

USA

REINSTATEMENT

04-06

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/12/2003

5. FEI Number

061697938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Josne Jimenez

Street Address (P.O. Box Number is Not Acceptable)

4353 NW 11st

Suite, Apt. #, Etc.

26

City

Miami

State

FL

Zip Code

33126

8. I, 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  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Josne Jimenez	4353 NW 11st 26	Miami, FL, 33126

100090685424  
10/10/05--01055--002 \*\*1050.00

10. I certify that I am an officer or director or the receiver or 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

Daytime Phone #

10/6  
20