

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 NOV -9 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000052585

1. Entity Name
G.A.C. CONSTRUCTION, CORP.



Principal Place of Business
7279 SW 162ND PLACE
MIAMI, FL 33193

Mailing Address
7279 SW 162ND PLACE
MIAMI, FL 33193

2. Principal Place of Business
15131 SW 43RD TERRACE

3. Mailing Address
15131 SW 43RD TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11082004

REIN-P

CR2E098 (6/04)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
11-3688850

Applied For
Not Applicable

Zip
33185

Country
USA

Zip
33185

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, YOLANDA
~~7279 SW 162ND PLACE~~ 15131 SW 43RD TERRACE
~~MIAMI, FL 33193~~ MIAMI FL 33185

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DIAZ, YOLANDA
STREET ADDRESS 7279 SW 162ND PLACE 15131 SW 43RD TERRACE
CITY-ST-ZIP MIAMI, FL 33193 MIAMI FL 33185

TITLE
NAME
STREET ADDRESS 500042836565
CITY-ST-ZIP 11/17/04--01045--016 **150.00

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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 all other like empowered.

SIGNATURE:

Yolanda Diaz

Date

Daytime Phone #