2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000097883

1. Entity Name
ACCORD ELECTRICAL CONTRACTORS INC

FILED
05 FEB 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

04-05

Principal Place of Business	Mailing Address
2010 SW 83 CT MIA, FL 33155	2010 SW 83 CT MIA, FL 33155

02092005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
15250 SW 23 ST Suite, Apt. #, etc.	15250 SW 23 ST Suite, Apt. #, etc.
City & State: MIA FL	City & State: MIA FL
Zip: 33185 Country: USA	Zip: 33185 Country: USA

4. FEI Number: 61-1458-395 ☐ Applied For ☐ Not Applicable

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
GAMEZ, RICARDO ENRIQUE 2010 SW 83 CT MIA, FL 33155	Name: Gamez Ricardo Enrique Street Address (P.O. Box Number is Not Acceptable): 15250 SW 23 ST City: MIA FL Zip Code: 33185

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMEZ, RICARDO ENRIQUE 2010 SW 83 CT MIA, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gamez Ricardo Enrique 15250 SW 23 ST MIA FL 33185	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #