

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000112736

1. Entity Name  
PEDRO O. BRAVO CONSTRUCTION, INC.



Principal Place of Business  
~~133 CARDAMON DR~~ **14415 AVALON RESERVE BLVD No 103**  
ORLANDO, FL 32825 **ORLANDO, FL 32828**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0415151

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

BRAVO, PEDRO O  
~~133 CARDAMON DR~~ **14415 AVALON RESERVE BLVD No. 103**  
ORLANDO, FL 32825 **ORLANDO, FL 32828**

Name **PEDRO O. BRAVO**  
Street Address (P.O. Box Number is not acceptable)  
**14415 Avalon Reserve Blvd No 103**  
City **ORLANDO** FL **32828**

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]* **PEDRO O BRAVO**

DATE **10/10/05**

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BRAVO, PEDRO O  
STREET ADDRESS ~~133 CARDAMON DR~~ **See Above Address**  
CITY-ST-ZIP ~~ORLANDO, FL 32825~~

TITLE ☐ Change ☐ Addition  
NAME **14415 Avalon Reserve Blvd, No 103**  
STREET ADDRESS **Orlando, FL 32828**  
CITY-ST-ZIP

TITLE VD  
NAME MIGOYO, CARLOS A  
STREET ADDRESS ~~133 CARDAMON DR~~ **See Above Address**  
CITY-ST-ZIP ~~ORLANDO, FL 32825~~

TITLE ☐ Change ☐ Addition  
NAME **1415 Avalon Reserve Blvd, No 103**  
STREET ADDRESS **Orlando, FL 32828**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *[Signature]* **PEDRO O. BRAVO**

**President 10/10/05 - 407-702-3885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #