

2004 FOR PROFIT CORPORATION REINSTATEMENT

132

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| DOCUMENT # P03000128015 | |
| 1. Entity Name A.M. CONSTRUCTION SERVICES, INC. | |



FILED

04 DEC 13 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 1201 SW 52 AVENUE BUILDING #2 APT. #112 POMPAÑO BEACH, FL 33068 | Mailing Address 1201 SW 52 AVENUE BUILDING #2 APT. #112 POMPAÑO BEACH, FL 33068 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

12082004 REIN-P CR2E098 (6/04)

4. FEI Number **56-2414789** Applied For
Not Applicable

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

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| MATA, JOSE A 1201 SW 52 AVENUE BUILDING #2 APT. #112 POMPAÑO BEACH, FL 33068 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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]* *[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 \$750.00 After January 1, 2005, Fee will be \$900.00 | |
|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATA, JOSE A 1201 SW 52 AVENUE BLDG. #2 APT. #112 POMPAÑO BEACH, FL 33068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12/13/04--01063--011 **150.00

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]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **12/8/04** Daytime Phone # *[Number]*

12/8/04

FLORIDA DEPARTMENT OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

RE: A.M. CONSTRUCTION SERVICES, INC.
PO3000128015

DEAR SIR/MADAM:

PLEASE FORGIVE THE LATE FILING PENALTY

AS WE HAD NOT RECEIVED OUR ANNUAL

REPORT APPLICATION IN THE MAIL THIS YEAR.

WE DID NOT KNOW THAT WE HAD TO DO THIS

ON-LINE OR THAT WE HAD TO CALL TO
OBTAIN THE FORM.

THANKS,
[Signature]