

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000129196

1. Entity Name
CLEMENCIA MOSQUERA HOME & BUILDING SERVICES,
INC.



Principal Place of Business
8821 N.W. 7TH STREET
PEMBROKE PINES, FL 33024

Mailing Address
8821 N.W. 7TH STREET
PEMBROKE PINES, FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2133413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEON, ENRIQUE
155 SOUTH MIAMI AVENUE, PH 1
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name CLEMENCIA MOSQUERA

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

8821 N W 7 ST

City PEMBROKE PINES

FL

Zip Code

33024

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

(NOTE: Registered Agent signature required when reinstating)

11/1/2004

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

TITLE PVPS ☐ Delete
NAME MOSQUERA, CLEMENCIA
STREET ADDRESS 8821 N.W. 7TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600042476276
CITY-ST-ZIP 11/04/04--01048--009 ***150.00

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/2004

DATE

954-610-1556

Daytime Phone #

FILED

04 NOV -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E098 (6/04)

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