


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 13 PM 3:42

DOCUMENT # P03000138803

1. Corporation Name

ACUNA CONSTRUCTION, INC.

2. Principal Office Address 2013 Advana St NE	3. Mailing Office Address 2013 Advana St NE
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Bay FLCity & State
Palm Bay FLZip
32905Country
USAZip
32905Country
USA**REINSTATEMENT**

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
54-2142542Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marco V. Acuna

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

2013 Advana St NE

Suite, Apt. #, Etc.

City

Palm Bay

State
FL

Zip Code

32905

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

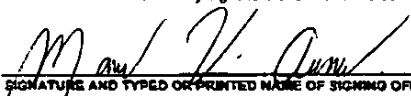
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Acuna, Marco V	2013 Advana St NE	Palm Bay FL 32905

100070960591
04/19/06--01034--016 ***300.00

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/06

Daytime Phone #

4/14
00



Division of Corporations

2005

Reinstatement

[Reinstatement Help](#)

Document Number

P03000138803

Business Entity Name

ACUNA CONSTRUCTION INC.

☒ A \$600.00 reinstatement fee is imposed, except in circumstances in which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and the \$600.00 reinstatement fee will be waived.

FEI Number

542142542

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

2013 ADVANA ST NE

Suite, Apt. #, etc.

City, State

PALM BAY

FL

Zip Code & Country

32905

Mailing Address

Address

2013 ADVANA ST NE

Suite, Apt. #, etc.

City, State

PALM BAY

FL

Zip Code & Country

32905

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

ACUNA

MARCO

V

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

2013 ADVANA ST NE

Suite, Apt. #, etc.

City, State

PALM BAY

FL

Zip Code & Country

32905

US