


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|  |  |   |
|--|--|---|
| DOCUMENT # P03000141568                    |  |  |
| 1. Entity Name<br>RM ALL CONSTRUCTION, INC |  |   |

|   |  |
|---|--|
| Principal Place of Business<br>8090 ATLANTIC BLVD<br>SUITE F103<br>JACKSONVILLE, FL 32211 | Mailing Address<br>4085 HUNTINGTON FOREST BLVD<br>JACKSONVILLE, FL 32257 |
|---|--|

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

FILED  
05 FEB -2 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

REINSTATEMENT (6/04) 04-05

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>51-0489951 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                            |  |
| CASTILLO, JESUS R<br>4085 HUNTINGTON FOREST BLVD<br>JACKSONVILLE, FL 32257 |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                             |  |
|-----------------------------|--|
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROMERO, SILVIA<br>8090 ATLANTIC BLVD, SUITE F103<br>JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>ROMERO, SILVIA<br>2900 UNIVERSITY S. APT 354-<br>JAX FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ROMERO, RUBEN<br>8090 ATLANTIC BLVD, SUITE F103<br>JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>7816 SOUTH SIDE APT. 44<br>JAX FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MARTINEZ, MARCELO F<br>8090 ATLANTIC BLVD, APT. G30<br>JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>MARTINEZ, MARCELO F.<br>9856 EVE. DR. N.<br>JAX FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/22/05 Daytime Phone # \_\_\_\_\_