

2008 FOR PROFIT CORPORATION REINSTATEMENT

#1082

FILED

08 NOV 19 AM 11:22

ALLAHASSEE, FLORIDA

DOCUMENT # P03000145285

1. Entity Name
C. & H. SANDBLASTING CORP.



Principal Place of Business
1041 ATLANTIC AVE
OPA LOCKA, FL 33054

Mailing Address
3340 NW 95 TERRACE
MIAMI, FL 33147
1041 ATLANTIC AVE
OPA LOCKA FL 33054

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11142008 REIN-P CR2E098 (1/07)

4. FEI Number
20-0467152

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

CHAVIANO, HUMBERTO
1041 ATLANTIC AVE
OPA LOCKA, FL 33054

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 \$750.00
After January 1, 2009, 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
PD
CHAVIANO, HUMBERTO
1041 ATLANTIC AVE
OPA LOCKA, FL 33054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100138093391
11/19/08--01031--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Humberto Chaviano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2008

Date

(786)290-2119

Daytime Phone #

11/2008

p7 2 of 2

Miami, Florida November 14, 2008


Ref: C & H Sandblasting
1041 Atlantic Ave.
Opalocka Fl. 33054
PO3000145285

To whom it may concern;

Please I have not received the notification to file the annual report. For some reason my mailing address is incorrect.

My physical and mailing address is 1041 Atlantic Ave., Opalocka Fl. 33054

Sincerely;


Humberto Chaviano
Telephone (786)290-2119