2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000157962 . Entire Name of Business Spit 2 SUMAP Spit 2 SUMAP Spit 2 SUMAP Spit 2 SUMAP Spit 3 Suma Aut. Holl ASSAS FT. 34447 Discussion of Duriness Spit 2 SUMAP Spit 3 SumaP Spit 4 Spit 4 SumaP Spit 4 S	KEINSI	AIEMENI		¬ FILED
### STORES CRAIR PT	DOCUMENT # P03000157962 1. Enlity Name CRUZ GENERAL CONTRACTING, INC.			<u> </u>
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HOMOSSASSA, FL 34447 2. Particular Decide Discissions Suita, Apt. 4, etc. 3. Parting Applies Suita Suita, Apt. 4, etc. 3. Parting Applies Suita Suita, Apt. 4, etc. 3. Parting Applies Suita Suita, Apt. 4, etc. S	Principal Place of Business	Mailing Address		TALLAHASATU, FLORIDA
Subur, Apt. 14. 10202005 REIN-P CREDB8 (8/04) Subur, Apt. 14. 10202005	5012 S CRAIG PT HOMOSSASSA, FL 34447		17	
Supplementary Supplementar	2. Bringing Place of Business July 2	3. Mailing Address	1 lestastra	
Section Sect	5012 5 PARY Pt	Suite April, etc.	1614	,
S. Certification of Sturios Desired Foe Regulator Fee Regu	Homosassa Fl.	DOMDS 4 SEA	Eggs. Fl	7. 691830197 Not Applicable
CRUZ, SILVIO 5012 S CRAIG PT HOMOSSASSA, FL 34447 City	34447	34447		Fee Required
SCRAIG PT HOMOSSASSA, FL 34447 City FL Zip Code 8. The above named analy submits this statement to the purpose of panging its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of segretary (Tode) SIGNATURE FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice. FUZ SILIVIO In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice. FUZ SILIVIO INVE SIREH ROBESS OTH-S-T-2P HOMOSSASSA, FL 34447 OTH-S-T-2P INTE ON-S-T-2P ON-S-T-2P INTE ON-	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
B. The above named entity submits this statement to the purpose of calanging its registered office or registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligators of Length 1978. SIGNATURE: Control Contro	CRUZ, SILVIO 5012 S CRAIG PT HOMOSSASSA, FL 34447		Street Addres	ss (P.O. Box Number is Not Acceptable)
the obligations of segretting Book. SIGNATURE: Change Change Change Change Change Change Change Addition	,		City	FL Zip Code
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME D. CRUZ, SILIVIO SIREE ADDRESS CITY-ST-2P HOMOSSASSA, FL 34447 Delete TIME Delete TIME SIREET ADDRESS CITY-ST-2P TIME Delete TIME Delete TIME SIREET ADDRESS CITY-ST-2P TIME Delete TIME Delete TIME SIREET ADDRESS CITY-ST-2P TIME MAME SIREET ADDRESS CITY-ST-2P TIM		t for the purpose of changing its r	egistered office or regis	
After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS	SIGNATURE Signature, typed or printed name of registered ag	on and tide if applicate (NOTE:	: Registered Agent signature re	equired when reinstating) DATE
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 andress, with all order like empowered. SIGNATURE:	NAME STREET ADDRESS	CC Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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	SIGNATURE:	OH PRINTED NAME OF SIGNING OFFICE	ATDIRECTOR	Date Dayline Phone