

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000157962

1. Entity Name
CRUZ GENERAL CONTRACTING, INC.



FILED

05 DEC 14 PH 8: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202005 REIN-P CR2E098 (6/04)

4. FEI Number
591830197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Principal Place of Business
5012 S CRAIG PT
HOMOSSASSA, FL 34447

Mailing Address
5012 S CRAIG PT
HOMOSSASSA, FL 34447

2. Principal Place of Business

3. Mailing Address

Silvio Cruz
Suite, Apt. #, etc.
5012 S CRAIG PT
City & State
Homosassa FL
Zip
34447

Cruz General Contracting Inc.
Suite, Apt. #, etc.
P.O. BOX 1614
City & State
Homosassa FL
Zip
34447

Country
U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, SILVIO
5012 S CRAIG PT
HOMOSSASSA, FL 34447

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRUZ, SILVIO
5012 S CRAIG PT
HOMOSSASSA, FL 34447

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600062163076
12/14/05--01048--004 **158.75

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone