## 2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

**DOCUMENT # P04000001458** 04 DEC -2 -PM 2: 19 OMAR'S CONSTRUCTION OF TAMPA, INCORPORATED Mailing Address Principal Place of Business 2912 W. ARCH ST. 2912 W. ARCH ST. TAMPA, FL 33607 US TAMPA, FL 33607 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (6/04) 11122004 **REIN-P** Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TESTA, PHILIP J SR Street Address (P.O. Box Number is Not Acceptable) 4726-B N. LOIS AVE. TAMPA, FL 33614 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Delete TITLE TITLE TEIJELO, CARLOS O SR NAME NAME STREET ADDRESS 2912 W. ARCH ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP ☐ Addition VΡ Change ☐ Delete TITLE TITLE TEIJELO, SHIRELY D NAME NAME STREET ADDRESS STREET ADDRESS 2912 W. ARCH ST CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL. 33607 Change ☐ Addition S TITLE Delete TEIJELO, CARLOS O JR. NAME NAMÉ 3422 W. GRAY ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33609 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TEIJELO, SHIRLEY D NAME NAME 2912 W. ARCH ST STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## P. J. TESTA **ACCOUNTANT**

Berlin to

P. O. BOX 4562

TAMPA, FLORIDA 33677 **ESTABLISHED 1974** 

813-877-9615

FAX 813-877-3257

1-800-293-7085

TULY 20TH 2004

STATE OF FLORIDA DIVISION OF CORPORATIONS P O BOX 6198 TALLAHASSEE, FLORIDA 32314-6198

Re:

OMARS CONSTRUCTION OF TAMPA, INC.

P04000001458

DEAR SIR:

PLEASE BE ADVISED THAT THE ATTACHED CORPORATION DID NOT RECEIVE THE ORIGINAL NOTIFICATION FOR THE RENEWAL OF THEIR CORPORATE CHARTER. AFTER SPEAKING WITH YOUR REPRESENTATIVE, I AM INCLUDING A CHECK IN THE AMOUNT OF \$ 150.00 TO COVER THE COSTS RELATING TO THIS PROCEDURE.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION, I REMAIN,

INCERELY,

ACCOUNTANT/