2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 JAN -4 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002345

1. Entity Name
RESENDIZ BROTHERS CONSTRUCTION, INC.

REINSTATEMENT 04 mm

12282004 REIN-P CR2E098 (6/04) 1/5/05

Principal Place of Business	Mailing Address
~~114 GARRISON AVENUE~~ ~~DUNDEE, FL 33838 US~~ Changed	114 GARRISON AVENUE DUNDEE, FL 33838 US Changed

2. Principal Place of Business	3. Mailing Address
307 7th St.	P.O Box 1257
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dundee FL	City & State: Dundee FL
Zip: 33838 Country: Polk	Zip: 33838 Country: POLK

4. FEI Number: 20-0557091 ☑ 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
JARAMILLO, GUADALUPE ~~114 GARRISON AVENUE~~ ~~DUNDEE, FL 33838~~ 307 7th St. Dundee FL 33838	Name: Jaramillo Guadalupe Street Address (P.O. Box Number Is Not Acceptable): 307 7th St. City: Dundee FL Zip Code: 33838

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: Guadalupe Jaramillo 12-26-04
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, 2005, 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	D JARAMILLO, GUADALUPE % 114 GARRISON AVENUE DUNDEE, FL 33838	☑ Delete	D Jaramillo Guadalupe 307 7th. St. Dundee FL 33838	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Guadalupe Jaramillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #