

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000020175

1. Entity Name  
R1 CONSTRUCTION, INC



Principal Place of Business  
2613 NW 60 AVENUE  
MARGATE, FL 33063 US

Mailing Address  
2613 NW 60 AVENUE  
MARGATE, FL 33063 US

2. Principal Place of Business  
6831 NW 43RD TER  
Suite, Apt. #, etc.

3. Mailing Address  
6831 NW 43RD TER  
Suite, Apt. #, etc.

City & State  
COCONUT CREEK, FL  
Zip  
33073  
Country  
BROWARD

City & State  
COCONUT CREEK, FL  
Zip  
33073  
Country  
BROWARD

4. FEI Number  
20-0688749

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MEARES, WENDY M  
1500 SW 68 TERRACE  
POMPANO BEACH, FL 33068

7. Name and Address of New Registered Agent

Name  
ERICH RITZ  
Street Address (P.O. Box Number is Not Acceptable)  
6831 NW 43RD TER  
City  
COCONUT CREEK FL Zip Code  
33073

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

(NOTE: Registered Agent signature required when reinstating)

10-18-05  
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	P RITZ, ERICH 2613 NW 60 AVENUE MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060813746 10/20/05--01039--010 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

10-18-05 9597013109  
Date Daytime Phone #