


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000020542 1. Entity Name DANIEL HERNANDEZ GOMEZ CONSTRUCTION, INC.		
Principal Place of Business 6716 SOUTH JUANITA STREET SUITE A TAMPA, FL 33616		Mailing Address 6716 SOUTH JUANITA STREET SUITE A TAMPA, FL 33616
2. Principal Place of Business 4001 W. MARIETTA ST. Suite, Apt. #, etc.	3. Mailing Address 4001 W. MARIETTA ST. Suite, Apt. #, etc.	
City & State TAMPA FL. Zip 33616	City & State TAMPA FL. Zip 33616	4. FEI Number 201055728 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		0531200610 REIN: P/V CR2E098 (11/05) 05-06
6. Name and Address of Current Registered Agent ROSE, BRENT 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name DANIEL HERNANDEZ GOMEZ Street Address (P.O. Box Number is Not Acceptable) 4001 W. MARIETTA ST. City TAMPA FL Zip Code 33616
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: <u>Daniel Hernandez</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GOMEZ, DANIEL 6716 SOUTH JUANITA STREET SUITE A TAMP, FL 33616	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Daniel Hernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		06-01-06 <small>Date Daytime Phone #</small>

FILED
06 JUN -5 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0531200610 REIN: P/V CR2E098 (11/05) 05-06

201055728
Applied For
Not Applicable

\$8.75 Additional Fee Required
Name
DANIEL HERNANDEZ GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
4001 W. MARIETTA ST.
City
TAMPA FL Zip Code
33616

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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