

Attn: Michelle

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 11 PM 3:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 204000025339

1. Corporation Name
Eduardo Rodriguez Clear and Fill Inc.

REINSTATEMENT

08-10
JRM

2. Principal Office Address - Not P.O. Box #
3600 Poplar Way
Suite, Apt. #, etc.

3. Mailing Office Address
3600 Poplar Way
Suite, Apt. #, etc.

000177741180
04/26/10 01067 026 #1458.75
CR2(081-4/10)

City & State
Naples, FL

City & State
Naples, FL

Zip Country
34112 US

Zip Country
34112 US

4. Date Incorporated or Qualified To Do Business in Florida
Mar 17, 2007

5. FBI Number
90-0162622

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Eduardo Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
3600 Poplar Way
Suite, Apt. #, Etc.

City
Naples

State Zip Code
FL 34112

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent Eduardo Rodriguez Date 21 Apr 2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Eduardo Rodriguez, Sr	3600 Poplar Way	Naples, FL 34112
M	Eduardo Rodriguez, Jr	3600 Poplar Way	Naples, FL 34112

10. E-mail Address: erod0429@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Eduardo Rodriguez Eduardo Rodriguez 21 Apr 2010 232-292-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #