

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000026203

1. Entity Name
**PROFESSIONAL A.G CUSTOM HOME PAINTING
WATERPROOFING INC.**



Principal Place of Business
**13595 N.E. 135TH ST.
APT. 226
NORTH MIAMI, FL 33161**

Mailing Address
**13595 N.E. 135TH ST.
APT. 226
NORTH MIAMI, FL 33161**

2. Principal Place of Business

1110 NW 140 St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

Zip

33168 U.S.

Country

10212005

REIN-P

CR2E098 (6/04)

4. FEI Number

90-018607247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, ARMANDO
13595 N.E. 135TH ST.
APT. 226
NORTH MIAMI, FL 33161**

7. Name and Address of New Registered Agent

Name

ARMANDO GONZALEZ JR.

Street Address (P.O. Box Number is Not Acceptable)

1110 NW 140 St.

City

North Miami

FL

Zip Code

33168

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

Armando Gonzalez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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
**PD
GONZALEZ, ARMANDO
1110 NW 140 St
NORTH MIAMI, FL 33168**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200061218652
11/07/05--01059--009 **150.00**

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Armando Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #