

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:26

DOCUMENT # P04000036977

1. Entity Name
O. & V. GENERAL CONTRACTOR SERVICES INC.



Principal Place of Business

5901 NW 16CT.
SUNRISE, FL 33313

Mailing Address

5901 NW 16CT.
SUNRISE, FL 33313

REINSTATEMENT 05-06



03102006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

15771 Sw 53 Ct
Suite, Apt. #, etc.

3. Mailing Address

15771 Sw 53 Ct.
Suite, Apt. #, etc.

City & State

MIRAMAN FL

City & State

MIRAMAN FL

4. FEI Number

141908730

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSRA, OSCAR M
5901 NW 16CT.
SUNRISE, FL 33313

7. Name and Address of New Registered Agent

Name OSCAR M. HANSRA

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

15771 Sw 53 Court

City

MIRAMAN

FL

Zip Code

33027

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR 17 06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANSRA, OSCAR M
STREET ADDRESS 5901 NW 16CT.
CITY-ST-ZIP SUNRISE, FL 33313
15771 Sw 53 Ct.
MIRAMAN FL 33027

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HANSRA OSCAR M
STREET ADDRESS 15771 Sw 53 Ct
CITY-ST-ZIP MIRAMAN FL 33027

TITLE
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 17 06