

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000037580

FILED  
Sep 18, 2006  
Secretary of State

Entity Name: CAEL CONTRACTOR, INC.

**Current Principal Place of Business:**

7765 W 29 WAY #101  
HIALEAH, FL 33018

**New Principal Place of Business:**

17023 NW 11 STREET  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

7765 W 29 WAY #101  
HIALEAH, FL 33018

**New Mailing Address:**

17023 NW 11 STREET  
PEMBROKE PINES, FL 33028

FEI Number: 13-4274650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIRALDO, ELKIN D  
7765 W 29 WAY #101  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

GIRALDO, ELKIN D  
17023 NW 11 STREET  
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: ELKIN D GIRALDO

09/18/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: GIRALDO, ELKIN D  
Address: 17023 N W 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPTD ( ) Delete  
Name: GIRALDO, ELKIN D JR  
Address: 17023 N W 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELKIN D GIRALDO

PSD

09/18/2006

Electronic Signature of Signing Officer or Director

Date