

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000045051

1. Entity Name  
ROAD TO HEAVEN, CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 22 AM 11:21

Principal Place of Business

15328 SW 72 ST  
MIAMI, FL 33193

Mailing Address

15328 SW 72 ST  
MIAMI, FL 33193

2. Principal Place of Business

1524 Hallam Court N  
Suite, Apt. #, etc.

3. Mailing Address

1524 Hallam Court N  
Suite, Apt. #, etc.



02112006 REIN-P CR2E098 (11/05)

City & State  
Lakeland - FL

Zip  
33813

Country  
U.S.

City & State  
Lakeland - FL

Zip  
33813

Country  
U.S.

4. FEI Number  
20-1022750

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMADOR, ALLAN  
15328 SW 72 ST  
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name  
Amador, Allan  
Street Address (P.O. Box Number is Not Acceptable)  
1524 Hallam Court N  
City Lakeland FL Zip Code 33813

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

*Amador*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-16-2006

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	AMADOR, ALLAN	
STREET ADDRESS	15328 SW 72 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMADOR, ALMA I	
STREET ADDRESS	15328 SW 72 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMADOR, JUNIETH I	
STREET ADDRESS	15328 SW 72 ST	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amador, Allan	
STREET ADDRESS	1524 Hallam court N.	
CITY-ST-ZIP	Lakeland - FL 33813	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amador, Alma I	
STREET ADDRESS	1524 Hallam court N	
CITY-ST-ZIP	Lakeland - FL 33813	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amador, Junieth I	
STREET ADDRESS	1524 Hallam court N	
CITY-ST-ZIP	Lakeland - FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 05-06

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04/06/06--01051--020 \*\*\*308.75

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:

*Amador*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-06 (305)342-4314

Date

Daytime Phone #

03. Williams MAR 22 2006