

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAY 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057398			
1. Entity Name J. GOMEZ CONSTRUCTION, INC			
Principal Place of Business 707 ASHFORD OAKS DR APT 202 ALTAMONTE SPRINGS, FL 32714		Mailing Address 707 ASHFORD OAKS DR APT 202 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business 406 WEKIVA RAPIDS DR		3. Mailing Address 406 WEKIVA RAPIDS DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS		City & State ALTAMONTE SPRINGS	
Zip 32714		Zip 32714	
Country		Country	
4. FEI Number 20-0959477		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, JAIR 707 ASHFORD OAKS DR APT 202 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name GOMEZ, JAIR Street Address (P.O. Box Number is Not Acceptable) 406 WEKIVA RAPIDS DR City ALTAMONTE SPRINGS FL Zip Code 32714	
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 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, JAIR 707 ASHFORD OAKS DR APT 202 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ JAIR 406 WEKIVA RAPIDS DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MARIA L 707 ASHFORD OAKS DR APT 202 ALTAMONTE SPRING, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ MARIA L 406 WEKIVA RAPIDS DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075550211 05/31/06--01021--008 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date Daytime Phone #	