

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W08-13820

DOCUMENT # P04000106954

1. Corporation Name

A-E ROJAS CONSTRUCTION INC.
9912 CONNECTICUT STREET
GIBSONTON, FL 33534

2. Principal Office Address - No P.O. Box #

9912 Connecticut St
GIBSONTON, FL 33534

3. Mailing Office Address

9912 Connecticut St
GIBSONTON, FL 33534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GIBSONTON, FL GIBSONTON, FL

Zip

Country

33534 U.S.

Zip

Country

33534 U.S.

7. Name and Address of Current Registered Agent

Name

CHERYL CREASON, EA

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

105 7TH AVE NE

Suite, Apt. #, Etc.

City

RUSKIN

State

FL

Zip Code

33370

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Cheryl Creason, EA
REGISTERED AGENT MUST SIGN

Date

3-9-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	EVA ROJAS	9912 CONNECTICUT ST	GIBSONTON, FL 33534

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

EVA ROJAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-9-08 813 446 0280

Daytime Phone #

FILED
2008 MAR 25 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600120116766
03/25/08--01055--007 **118.75

600120116766
03/12/08--01034--014 **481.25

REINSTATEMENT 05-08

4. Date Incorporated or Qualified To Do Business in Florida

7-16-2004

5. FEI Number

56-2469874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

05-08

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2008 MAR 25 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA