

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000130080

1. Entity Name
AR MAINTENANCE & REMODELING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 27 AM 10: 02

Principal Place of Business
~~62 E 20 ST~~
HIALEAH, FL 33010

Mailing Address
~~62 E 20 ST~~
HIALEAH, FL 33010

REINSTATEMENT 05-06



2. Principal Place of Business
5882 W 2nd Ave
Suite, Apt. #, etc.

3. Mailing Address
5882 W 2nd Ave
Suite, Apt. #, etc.

02202006 REIN-P CR2E098 (11/05)

City & State
HIALEAH FLORIDA

City & State
HIALEAH FLORIDA

4. FEI Number
20-1625354

Applied For
Not Applicable

Zip Country
33012 USA

Zip Country
33012 USA

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

6. Name and Address of Current Registered Agent

RUIZ, ARGELIO
~~62 E 20 ST~~
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name
RUIZ ARGELIO
Street Address (P.O. Box Number is Not Acceptable)
5882 W 2nd AVE
City
HIALEAH FL Zip Code
33012

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

RUIZ ARGELIO

2/20/06

(NOTE: Registered Agent signature required when reinstating)

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 DPT
NAME RUIZ, ARGELIO
STREET ADDRESS 62 E 20 ST
CITY-ST-ZIP HIALEAH, FL 33010 ☐ Delete

TITLE DVS
NAME CHAVIANO, JORGE L
STREET ADDRESS ~~422 E 37 ST~~
CITY-ST-ZIP HIALEAH, FL 33013 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900067377969
03/08/06--01006--025 **308.75

TITLE DVS
NAME PURA GARCIA
STREET ADDRESS 5882 W 2nd AVE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Argelio Ruiz

2/20/06

Date

786 586 0921

Daytime Phone #