

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 26 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10222007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P04000151126</b> 1. Entity Name A-B REMODELING, INC.					
Principal Place of Business 5605 WEST 12 CT HIALEAH, FL 33012			Mailing Address 5605 WEST 12 CT HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1836698	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GONZALEZ, LUIS E 5605 WEST 12 CT HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, LUIS E 5605 WEST 12 CT HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500111401885 10/26/07--01059--019 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, AURORA 5605 WEST 12 CT HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2007	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		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			10/22/07 305 613 9881 Date Daytime Phone #		