

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 NOV -3 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200061135732  
11/03/05--01037--004 \*\*150.00



10112005 REIN-P CR2E098 (6/04)

4. FEI Number **34-0164812** Applied For  Not Applicable

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

**DOCUMENT # P04000170101**

1. Entity Name  
S. V. J. BUILDING AND REPAIR, CORP.

Principal Place of Business 10019 W OKEECHOBEE RD 201 HIALEAH, FL 33016	Mailing Address 10019 W OKEECHOBEE RD 201 HIALEAH, FL 33016
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**6. Name and Address of Current Registered Agent**

RODRIGUEZ, SERGIO  
10019 W OKEECHOBEE RD  
201  
HIALEAH, FL 33016

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, SERGIO 10019 W OKEECHOBEE RD, APT 201 HIALEAH, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>V RODRIGUEZ, VICTOR 6725 NW 174 TERR, APT F MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S RODRIGUEZ, JAVIER 20215 NW 32 COURT MIAMI, FL 33056 <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUEVEDO, YOLANDA 10019 W. OKEECHOBEE Rd # 201 HIALEAH, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

M. M. M.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Yolanda Quevedo Secretary 10/21/05 (786) 299-0334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone \*