

# 2006 FOR PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # P04000171954</b> 1. Entity Name PUIG REMODELING & SERVICES, INC.	
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SECRET  
DIVISION OF REVENUE  
06 OCT 23 AM 8:42

Principal Place of Business 1020 FOREST CT WEST PALM BEACH, FL 33405	Mailing Address 1020 FOREST CT WEST PALM BEACH, FL 33405
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REINSTATEMENT *ok*

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10172006 REIN-P CR2E098 (11/05)

4. FEI Number <b>51-0532531</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONSUEGRA, JESUS  
1020 FOREST CT  
WEST PALM BEACH, FL 33405

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	PST CONSUEGRA, JESUS	<input type="checkbox"/> Delete
NAME	1020 FOREST CT	
STREET ADDRESS	WEST PALM BEACH, FL 33405	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>800081126688</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10/23/06--01068--020	
STREET ADDRESS	**150.00	
CITY-ST-ZIP		

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:** \_\_\_\_\_ *10/17/06* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #