

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN 11 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000046787

1. Entity Name
AAA TEAM PLASTERING, INC.



Principal Place of Business

Mailing Address

~~6495 INDIAN CREEK DRIVE STE #28~~
~~MIAMI BEACH, FL 33141~~

~~6495 INDIAN CREEK DRIVE STE #28~~
~~MIAMI BEACH, FL 33141~~

5364 NW 29 Ave
Miami, Fla 33142

5364 NW 29 Ave
Miami, Fla 33142

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
20-2594999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Miguel A. Ruarte
5364 NW 29 Ave
Miami, Fla 33142

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RUARTE, MIGUEL A
6495 INDIAN CREEK DRIVE STE #28
MIAMI BEACH, FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
06/15/07 01070 004 **300.00

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
06/15/07 01030 004 **300.00

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

President 05/30/07 786-3564659

Q. Mitchell JUN 11 2007

2082

A A A TEAM PLASTERING, INC.
5364 N.W. 29 TH AVENUE
MIAMI, FLORIDA 33142

April 30/2007

REF:REINSTATEMENT
Number: P05000046787

Florida Department Of State
Division Of Corporation
P. O. Box # 6 3 2 7
Tallahassee, Florida 32314

Dear Sirs:

I was surprised when the bank informed me that my Corporation was dissolved in 2006.

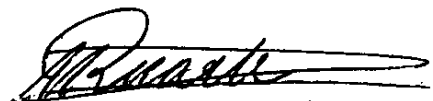
I am very sorry for this inconvenience, but the point is that I never received any notification from you about the Corporate Annual Report Form, neither last year not this year.

I have been involved in my work due to my economical situation is very hard and I did not realize to write you last year about this matter.

Please, find enclosed my check #1232 dated (04-30-07) in the amount of \$ 300.00 Covering years 2006 & 2007. I would appreciate that you mailed me a Reinstatement Application Form.

Your cooperation in this matter will be highly appreciated. Thank you very much.

Cordially Yours.



MIGUEL RUARTE
President.