



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000055673 1. Entity Name MIGUEL CONSTRUCTION INC.						FILED 07 FEB 14 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 4523 W. FERN ST TAMPA, FL 33614				Mailing Address 4523 W. FERN ST TAMPA, FL 33614				 REINSTATEMENT 06-07 02/16/07 02E098			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		City & State City & State		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PEREZ, RALPH 10921 AIRVIEW DR. TAMPA, FL 33625				7. Name and Address of New Registered Agent Name <i>Miguel Encarnacion</i> Street Address (P.O. Box Number is Not Acceptable) <i>4523 W FERN ST</i> City <i>TAMPA</i> FL Zip Code <i>33614</i>							
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: <i>Miguel Encarnacion</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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	P ENCARNACION, MIGUEL 4523 W. FERN ST TAMPA, FL 33614	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100088462961 02/16/07--01004--012 **300.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Miguel Encarnacion</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date:		Daytime Phone #:					