2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000055673 1. Entity Name MIGUEL CONSTRUCTION INC.						FILED 07 FEB 14 AM 10: 50 SLUML, AM 1 OF STATE FALLAMASSEE, FLORIDA					
Principal Place	of Rusiness		Mailing Address				94.68; 141.77	1 (1) 5	TAI	· (;	
Principal Place of Business 4523 W. FERN ST TAMPA, FL 33614			4523 W. FERN ST TAMPA, FL 33614			A IMMINENT IN					
2. Principal Pla	ace of Busin	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02REHNSTATEMENT 198 616-07					
City & State			City & State			4. FEI Numb	er	_		lied For Applicable	
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired	□ \$8.75 Fee Red		onal	
	6. Name	and Address of Curren	t Registered Agent	7. Name and Address of New Registered Agent							
I						arne Michael Bassassass					
PEREZ, RALPH 10921 AIRVIEW DR. TAMPA, FL 33625					Street Address (P.O. Box Number is Not Acceptable)						
					4523 W FERN ST						
						mpa			336.	14	
8. The above	named entity	y submits this statement	for the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Floric	la. I am familiar	with, ar	nd 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.									.S., the		
10.		OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	 /CHANGES TO OFFICI	ERS AND DIREC	TORS	IN 11	
TITLE	Р	***************************************	☐ Delete	TITL	E			☐ Cha		Addition	
NAME		ACION, MIGUEL		NAME					-		
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TITLE	173911 73, 1		□ Delcte	TITL							
NAME	Delice NA				i	1	DDD884		11ge	☐ Addition	
STREET ADDRESS City-St-Zip					EET ADDRESS	100088462961 02/16/0701004012 **300.00					
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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 witten address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PROCES											
1		SIGNAL UNE AND TYPED OF	THAIR I ED MANUE OF SIGNING OFFICER	UN DIREC	IUK		Date :	Daytime Pho	one#	1	

Daytime Phone #