

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000084067

**FILED**  
**Sep 18, 2007**  
**Secretary of State**

**Entity Name:** TIAHRT LOPEZ CONSTRUCTION AND REMODELING, INC.

**Current Principal Place of Business:**

P.O. BOX 1763  
NICEVILLE, FL 325881763

**New Principal Place of Business:**

231 DEER ST  
NICEVILLE, FL 32578

**Current Mailing Address:**

P.O. BOX 1763  
NICEVILLE, FL 325881763

**New Mailing Address:**

231 DEER ST  
NICEVILLE, FL 32578

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOPEZ, MIGUEL  
231 DEER ST  
NICEVILLE, FL 32578      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MIGUEL A. LOPEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, MIGUEL A  
Address: 231 DEER ST  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: LOPEZ, SARAH T  
Address: 231 DEER ST  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. LOPEZ

Electronic Signature of Signing Officer or Director

P

09/18/2007

Date