2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 23 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000096599

1. Entity Name
R.P. CONSTRUCTION & REMODELING, INC.

Principal Place of Business	Mailing Address
357 6TH AVE. W BRADENTON, FL 34205	357 6TH AVE. W BRADENTON, FL 34205

05212007 REIN-P CR2E098 (1107) 06-07

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2119 3rd St E	2119 3rd St E
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34208 Country	Zip: 34208 Country

4. FEI Number: 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
PUIG, REINALDO 357 6TH AVE. W BRADENTON, FL 34205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 PUIG, REINALDO 1004 26TH AVE E BRADENTON, FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Puig, Reinaldo 2119 3rd St E Bradenton FL 34208	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	600105584795 07/23/07--01051--013 **300.00	☐ 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
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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 — Date — Daytime Phone #

JUL 23 2007