

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000115058

FILED
Sep 24, 2009
Secretary of State

Entity Name: MOTA SIDING SERVICES INC

Current Principal Place of Business:

3222 DARLINGTON RD
TAMPA, FL 32619 US

New Principal Place of Business:

3224 DARLINGTON RD
TAMPA, FL 32619 US

Current Mailing Address:

3222 DARLINGTON RD
TAMPA, FL 32619 US

New Mailing Address:

3224 DARLINGTON RD
TAMPA, FL 32619 US

FEI Number: 20-3327394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOTA RAMIREZ, JOSE
3222 DARLINGTON RD
TAMPA, FL 32619 US

Name and Address of New Registered Agent:

MOTA RAMIREZ, JOSE
3224 DARLINGTON RD
TAMPA, FL 32619 US

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: JOSE MOTA-RAMIREZ

09/24/2009

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: PD () Delete
Name: MOTA-RAMIREZ, JOSE
Address: 3222 DARLINGTON RD
City-St-Zip: TAMPA, FL 32619 US

Title: VP () Delete
Name: GARCIA-GARCIA, MARTIN
Address: 2026 US HWY 27 N # 3
City-St-Zip: AVON PARK, FL 32825 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOTA-RAMIREZ, JOSE
Address: 3224 DARLINGTON RD
City-St-Zip: TAMPA, FL 32619 US

Title: VP (X) Change () Addition
Name: GARCIA-GARCIA, MARTIN
Address: 3224 DARLINGTON DR
City-St-Zip: TAMPA, FL 33619 US

Title: TRES () Change (X) Addition
Name: MARTIN, FIDEL M
Address: 3224 DARLINGTON DR
City-St-Zip: TAMPA, FL 33619 US

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: JOSE MOTA-RAMIREZ

PRES

09/24/2009

Electronic Signature of Signing Officer or Director

Date