

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115391

1. Entity Name
BROTHER & SONS INSULATION CORP.



FILED

08 MAR 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 REIN-P CR2E098 (1/07)

Principal Place of Business
**13876 S.W. 56 ST. #110
MIAMI, FL 33175**

Mailing Address
**13876 S.W. 56 ST. #110
MIAMI, FL 33175**

2. Principal Place of Business - No P.O. Box #
13876 SW 56 ST

3. Mailing Address
CAMP.

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33175

Country
USA

Zip

Country

4. FEI Number
APPLIED FOR

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAстра, SENEN
13876 S.W. 56 ST. #110
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name
SENEN LASTRA

Street Address (P.O. Box Number is Not Acceptable)
13876 SW 56 ST

200

City
MIAMI

FL

Zip Code
33175

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  **3/12/08**

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAстра, SENEN 3344 SW 154TH CT MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARIDAD RODRIGUEZ 13876 SW 56 ST #200 MIAMI, FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SENEN LASTRA 13876 SW 56 ST #200 MIAMI, FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000121252580 03/25/08--01053--019 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	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:  **3/12/08**

Signature and typed or printed name of signing officer or director Date Daytime Phone #