

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000165298

1. Entity Name  
TEXOCO CONSTRUCTION CORP.



FILED

06 NOV -8 PH 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/20/06--01012--002 \*\*52.50



Principal Place of Business  
2225 E 131 AVENUE  
SUITE 1005  
TAMPA, FL 33612

Mailing Address  
2225 E 131 AVENUE  
SUITE 1005  
TAMPA, FL 33612

2. Principal Place of Business

8501 N 50th Street  
Suite, Apt. #, etc.  
708

3. Mailing Address

Same as #2  
Suite, Apt. #, etc.

10242006 REIN-P CR2E098 (11/05)

City & State

TAMPA, FL.

City & State

Zip  
33617 Country  
U.S.

4. FEI Number

20-3964251

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEZOCO, ALFREDO S  
2225 E 131 AVENUE  
SUITE 1005  
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name  
Alfredo S. Tezoco

Street Address (P.O. Box Number is Not Acceptable)  
8501 N 50th Street

Suite 708

City  
Tampa FL Zip Code  
33617

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 Alfredo Tezoco

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TEZOCO, ALFREDO S	
STREET ADDRESS	2225 E 131 AVENUE SUITE 1005	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	President / owner	<input type="checkbox"/> Delete
NAME	Tezoco, Alfredo S.	
STREET ADDRESS	8501 N. 50th Street	
CITY-ST-ZIP	TAMPA, FL. 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100091621731
STREET ADDRESS	11/08/06--01020--012 **758.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

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: Alfredo Tezoco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone