2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000004563

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33016

LEYVA, CONCEPCION

16891 NW 87 COURT

MIAMI, FL 33018

() Delete

SD

Entity Name: ARCHITECTURAL BUILDER SOLUTIONS, INC.

FILED Oct 06, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8854 NW 168 STREET MIAMI, FL 33018				16891 NW 87TH CT. MIAMI, FL 33018			
Current Mailing Address:				New Mailing Address:			
8854 NW 168 STREET MIAMI, FL 33018				16891 NW 87TH CT. MIAMI, FL 33018			
FEI Number:	El Number: FEI Number Applied For (X)		FEI Nun	lumber Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEYVA, EDELMIS 8854 NW 168 STREET MIAMI, FL 33018 US				LEYVA, EDELMIS 16891 NW 87TH CT. MIAMI, FL 33018 US			
The above in the State		bmits this statement for the p	urpose o	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: EDELMIS LEYVA				10/06/2007			
Electronic Signature of Registered Agent				Date			
		2)(b), F.S., the corporation did not Frust Fund Contribution ().	t receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () E LEYVA, RAFAEL 8151 SW 160 AV MIAMI, FL 33193	ENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () E LEYVA, EDELMIS 8854 NW 168 ST MIAMI, FL 33018	REET		Title: Name: Address: City-St-Zip:		(X) Change () Addition ELMIS SIC COURT CH, FL 32966	
Title: Name: Address:	TD () C LEYVA, AIMELY 8550 NW 141 LA	Delete NE #206		Title: Name: Address:	TD LEYVA, AIN 16891 NW		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33018

() Change () Addition

SIGNATURE: RAFAEL ROBERTO LEYVA PD 10/06/2007