

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT -8 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000025665

1. Entity Name  
NORTHEAST CONSTRUCTION GROUP, INC.



Principal Place of Business  
5059 ISLAND CLUB DRIVE  
TAMARAC, FL 33319

Mailing Address  
5059 ISLAND CLUB DRIVE  
TAMARAC, FL 33319

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 07

4. FEI Number

204382911

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

GARAY, GILMER N  
5059 ISLAND CLUB DRIVE  
TAMARAC, FL 33319

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GARAY, GILMER N  
STREET ADDRESS 5059 ISLAND CLUB DRIVE  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE  
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CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-05-07

954 4866529

Date

Daytime Phone #

B. Mitchell

067

8 2007