

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000026179

1. Entity Name
CORTEZ BRO CONSTRUCTION CORP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 AM 11:51

Principal Place of Business
5208 GUADALUPE BLVD
WIMAUMA, FL 33598

Mailing Address
5208 GUADALUPE BLVD
WIMAUMA, FL 33598



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

20-4350104

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ST FACILE, RONALD
4350 FOWLER ST
120
BRADENTON, FL 34210

Name
CORTEZ, RODOLFO

Street Address (P.O. Box Number is Not Acceptable)

5208 GUADALUPE BLVD

City
WIMAUMA

FL Zip 33598

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/08

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
P
CORTEZ, RODOLFO
5208 GUADALUPE BLVD
WIMAUMA, FL 33598 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700130903717
06/05/08--01018--024 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Rodolfo Cortez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/08
Date

813-298-7578
Daytime Phone #

5/22/08