

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000087430

FILED
Mar 14, 2008
Secretary of State

Entity Name: PICOLINO RENOVATIONS CORPORATION

Current Principal Place of Business:

545 WEST 12 STREET
APT. 8B
HIALEAH, FL 33010

New Principal Place of Business:

2939 SW 11TH COURT
CAPE CORAL, FL 33914

Current Mailing Address:

545 WEST 12 STREET
APT. 8B
HIALEAH, FL 33010

New Mailing Address:

2939 SW 11TH COURT
CAPE CORAL, FL 33914

FEI Number: 20-5125773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALFONSO, NICOLAS
545 WEST 12 STREET
2B
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

ALFONSO, NICOLAS
2939 SW 11TH COURT
CAPE CORAL, FL 33914 US

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.

SIGNATURE: NICOLAS ALFONSO

03/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALFONSO, NICOLAS
Address: 545 WEST 12 STREET
City-St-Zip: HIALEAH, FL 33010

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALFONSO, NICOLAS
Address: 2939 SW 11TH COURT
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Change (X) Addition
Name: ALFONSO, MARIA
Address: 2939 SW 11TH COURT
City-St-Zip: CAPE CORAL, FL 33914

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.

SIGNATURE: MARIA ALFONSO

VP

03/14/2008

Electronic Signature of Signing Officer or Director

Date