

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000087553

FILED
Nov 05, 2009
Secretary of State

Entity Name: D & L FLORIDA REMODELING, INC.

Current Principal Place of Business:

8380 NW 103ST
APT 207G
HIALEAH, FL 33016

New Principal Place of Business:

8380 NW 103 ST
APT 207G
HIALEAH, FL 33016

Current Mailing Address:

8380 NW 103ST
APT 207G
HIALEAH, FL 33016

New Mailing Address:

8380 NW 103 ST
APT 207G
HIALEAH, FL 33016

FEI Number: 51-0590879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, LAZARO G
8380 NW 103 ST
APT#: 207G
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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: LAZARO G ALFONSO

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/D () Delete
Name: ALFONSO, LAZARO G
Address: 8380 NW 103ST APT #: 207G
City-St-Zip: HIALEAH, FL 33016

Title: VP/T () Delete
Name: ALFONSO, LAZARO G
Address: 8380 NW 103ST APT #: 207G
City-St-Zip: HIALEAH, FL 33016

Title: S () Delete
Name: ALFONSO, LAZARO G
Address: 8380 NW 103ST APT #: 207G
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALFONSO, LAZARO G
Address: 8380 NW 103 ST APT #: 207G
City-St-Zip: HIALEAH, FL 33016

Title: VP/T (X) Change () Addition
Name: ALFONSO, LAZARO G
Address: 8380 NW 103 ST APT #: 207G
City-St-Zip: HIALEAH, FL 33016

Title: S (X) Change () Addition
Name: ALFONSO, LAZARO G
Address: 8380 NW 103 ST APT #: 207G
City-St-Zip: HIALEAH, FL 33016

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: LAZARO G ALFONSO

P/D

11/05/2009

Electronic Signature of Signing Officer or Director

Date