

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000105769</b> 1. Entity Name <b>ALLEGUES INSTALLATION CORP</b>						<b>FILED</b> <b>09 FEB -9 PM 3:16</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>3007 WILDEZ</b> <b>TAMPA, FL 33614</b>				Mailing Address <b>3007 WILDEZ</b> <b>TAMPA, FL 33614</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>20-5376772</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 <b>REINSTATEMENT 08-09</b> 02/04/2009 PM 4:58 PM			
6. Name and Address of Current Registered Agent <b>ALLEGUES, ERNESTO</b> <b>3007 WILDEZ</b> <b>TAMPA, FL 33614</b>							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				<b>WOP</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	ALLEGUES, ERNESTO	TAMPA, FL 33614				
		3007 WILDER					
		TAMPA, FL 33614					
	D	SECO, ADILSON R	TAMPA, FL 33614				
		3007 W WILDER AVE					
		TAMPA, FL 33614					
	D	RODRIGUEZ, IRAEL	TAMPA, FL 33614				
		3007 W WILDER AVE					
		TAMPA, FL 33614					
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 				02/05/09			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date      Daytime Phone #			