

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000120034

1. Entity Name  
GUERRERO'S CONSTRUCTION INC



Principal Place of Business  
6 N 30TH STREET  
HAINES CITY, FL 33844 US

Mailing Address  
6 N 30TH STREET  
HAINES CITY, FL 33844 US

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

10162007 REIN-P CR2E098 (1/07)

4. FEI Number

205561046

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUERRERO-VELAZQUEZ, PUEBLO  
6 N 30TH STREET  
HAINES CITY, FL FL

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME GUERRERO-VELAZQUEZ, PUEBLO  
STREET ADDRESS 6 N 30TH STREET  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE VP ☐ Delete  
NAME GUERRERO-VELAZQUEZ, LUIS  
STREET ADDRESS 6 N 30TH STREET  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE S ☐ Delete  
NAME GUERRERO-VELAZQUEZ, ANTONIO  
STREET ADDRESS 6 N 6TH STREET  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 700111357387

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 10/25/07-01055-002

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Pueblo Velazquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-07

Date

863-399-2660

Daytime Phone #

10/26/07

FILED

2007 OCT 25 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

