

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000140742

FILED
Oct 22, 2009
Secretary of State

Entity Name: ANAYA BROTHERS CONSTRUCTION INC

Current Principal Place of Business:

15249 SABLE AVE
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

PO BOX 120416
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 20-5853899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSURE LLC
1806 7TH AVENUE W
BRADENTON, FL 34205 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: MANDY ELMORE

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: PRE () Delete
Name: MEDINA, ALFONSO
Address: 15249 SABLE AVE.
City-St-Zip: GROVELAND, FL 34736

Title: VP () Delete
Name: ARTEAGA ANAYA, JUAN
Address: 239 CURTIS AVENUE
City-St-Zip: GROVELAND, FL 34736

Title: S () Delete
Name: ANAYA, FRANCISCO
Address: 239 CURTIS AVENUE
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: LEVINE, LAURA
Address: 15249 SABLE AVE.
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAURA LEVINE

T

10/22/2009

Electronic Signature of Signing Officer or Director

Date