## 2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P06000152639  1. Entity Name LEDEZMA CONSTRUCTION INC							LED PH 1:39	
Principal Place 264 OLD TA LAKELAND, F	MPA HIGHWAY	Mailing Address  2640LD TAMPA HIGHWAY?  LAKELAND, FL 33815			LUAN, LANG UP STATE TALL AHASSEE, FLORIDA			
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			101REINSTATEMENTO98 (1/07) 07			
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Country		5. Certificate o	of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent Name			7. Name and A	Address of New Regi	sterød Agent	
VILLAFUERTE, LUIS A ⅔←େ५ OLD TAMPA HIGHWAY LAKELAND, FL 33815			Street A	ddress (P	P.O. Box Number	is Not Acceptable)		
			City				FL Zip Code	9
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 relinstating)  DATE								and accept
10.	OFFICERS AND	DIRECTORS	11.	Vic	ADDITIONS/C	CHANGES TO OFFICE	ERS AND DIRECTORS	S IN 11
NAME STREET ADORESS CITY-ST-ZIP	VILLAFUERTE, LUIS A <b>26</b> 040LD TAMPA HIGHWAY LAKELAND, FL 33815		NAME STREET ADDRESS CITY-ST-ZIP			0 <b>01115</b> /0701042-	872 <b>11</b> -005 **150	. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEDEZMA, RAFAEL JEOY OLD TAMPA HIGHWAY LAKELAND, FL 33815	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR	ESIDEN	7	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LEDEZMA, RAFAEL ACYOLD TAMPA HIGHWAY LAKELAND, FL 33815	To Belete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR LEDEZMA, RAFAEL 2544 OLD TAMPA HIGHWAY LAKELAND, FL 33815	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	m All 2604 Lake	c R. RTINE: F Old To celand	2, JORGE ampa High FI 53.	□ Change  Lway  €/5	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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: (V) OP OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylore Phone #								