

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000155437

1. Entity Name
MIAMI ALL-STAR CONSTRUCTION, INC.



Principal Place of Business

7932 PANAMA CT
MIRAMAR, FL 33023

Mailing Address

PO BOX 941942
MIAMI, FL 33194

2. Principal Place of Business - No P.O. Box #

1463 SW 146 CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33184

11052007

REIN-P

CR2E098 (1/07)

4. FEI Number

01-0880376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARENCIBIA, ROLANDO
7932 PANAMA ST
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name

ROLANDO ARENCIBIA

Street Address (P.O. Box Number is Not Acceptable)

1463 SW 146 CT

City

MIAMI

FL

Zip Code

33184

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

11/5/2007

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 PD
NAME ARENCIBIA, ROLANDO
STREET ADDRESS 7932 PANAMA ST
CITY - ST - ZIP MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 1463 SW 146 CT ☒ Change ☐ Addition
NAME
STREET ADDRESS MIAMI FL 33184
CITY - ST - ZIP

TITLE 600112460266
NAME
STREET ADDRESS 11/20/07--01028--010 **150.00
CITY - ST - ZIP ☐ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/2007