

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:39

DOCUMENT # P07000027784

1. Entity Name
MS BROS AMERICA, CORP



Principal Place of Business
9900 NW 44 TERRACE
DORAL, FL 33178 US

Mailing Address
9900 NW 44 TERRACE
DORAL, FL 33178 US

2. Principal Place of Business - No P.O. Box #
14816 SW 28 LN

3. Mailing Address
14816 SW 28 LN



03132009 REIN-P CR2E098 (1/07)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
51-0625294

Applied For
Not Applicable

Zip
33185 Country
MIAMI-DADE

Zip
33185 Country
MIAMI-DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAULA, ALI E
8241 SW 11 TERRACE
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
GINA M LACAYO

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

14816 SW 28 LN

City MIAMI FL Zip Code 33185

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 *Gina Lacayo*
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/09

FILE NOW!!! FEE IS \$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
NAME P
STREET ADDRESS MARTINEZ SELMAN, JORDI
CITY-ST-ZIP 9900 NW 44 TERRACE
DORAL, FL 33178 ☐ Delete

TITLE
NAME VP
STREET ADDRESS MARTINEZ SELMAN, JOSE G
CITY-ST-ZIP 9900 NW 44 TERRACE
DORAL, FL 33178 ☐ Delete

TITLE
NAME VP
STREET ADDRESS LACAYO, GINA M
CITY-ST-ZIP 9900 NW 44 TERRACE
DORAL, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME VP
STREET ADDRESS LACAYO, GINA M
CITY-ST-ZIP 14816 SW 28 LN MIAMI, FL 33185 ☐ 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

REINSTATEMENT 08-09ks

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 *Gina Lacayo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/09
Date

Daytime Phone #