## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000038011

Entity Name: CHARTER SERVICES & CONSTRUCTION, INC.

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

7103 NW 174 TERRACE 900 WEST 49TH STREET 550

#203

MIAMI, FL 33015 HIALEAH, FL 33012

**Current Mailing Address: New Mailing Address:** 

900 WEST 49TH STREET 7103 NW 174 TERRACE #203 550

MIAMI, FL 33015 HIALEAH, FL 33012

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BASSI, JOEL PUELLES, SANDRO PD 7103 NW 174 TERRACE 900 WEST 49TH STREET #203 550

MIAMI, FL 33015 US HIALEAH, FL 33012 US

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: SANDRO PUELLES 01/20/2009

> 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:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition BASSI, JOEL A PUELLERS, SANDRO PD Name: Name:

7103 NW 174 TERRACE, #203 Address: 900 WEST 49TH STREET SUITE 550 Address:

HIALEAH, FL 33012 City-St-Zip: MIAMI, FL 33015 City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition Name: Name: MALDONADO, RAMON VP Address:

Address: 900 WEST 49TH STREET SUITE 550

HIALEAH, FL 33012 City-St-Zip: 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: SANDRO PUELLES PD 01/20/2009