## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000041425

Entity Name: MOREJON REMODELING SERVICES, INC.

**FILED** Apr 29, 2009 Secretary of State

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

10300 SW 40 ST. 4525 SW 89 AVE

MIAMI, FL 33165 US 104 MIAMI, FL 33165

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

10300 SW 40 ST. 4525 SW 89 AVE

MIAMI, FL 33165 US MIAMI, FL 33165 US

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

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

MOREJON, YOSVANY MOREJON, YOSVANY 10300 SW 40 ST. 4525 SW 89 AVE US

104 MIAMI, FL 33165 MIAMI, FL 33165 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: YOSVANY MOREJON 04/29/2009

> 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

MOREJON, YOSVANY MOREJON, YOSVANY Name: Name: 4525 SW 89 AVE 10300 SW 40 ST. APT#. 104 Address: Address: City-St-Zip: MIAMI, FL 33165 US City-St-Zip: MIAMI, FL 33165 US

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

Name: POSADA, LINA M Name: POSADA, LINA M 10300 SW 40 ST. APT#. 104 Address: 4525 SW 89 AVE Address: MIAMI, FL 33165 US MIAMI, FL 33165 US 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.

Ρ SIGNATURE: YOSVANY MOREJON 04/29/2009