

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000080881

1. Entity Name
SDO CONSTRUCTION, INC.



FILED

09 JAN 12 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19200 NORTHWEST 7TH COURT
MIAMI, FL 33169

Mailing Address
19200 NORTHWEST 7TH COURT
MIAMI, FL 33169

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08-09

4. FEI Number 22-3966213

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

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

City

FL

Zip Code

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. SPIEGEL & UTRERA, P.A.

SIGNATURE BY: *Natalia Utrera*
Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-09

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 PTD ☐ Delete
NAME HOSSAIN, SCHADRAC
STREET ADDRESS 19200 NORTHWEST 7TH COURT
CITY-ST-ZIP MIAMI, FL 33169

TITLE V ☐ Delete
NAME SHELLY, ANSEL
STREET ADDRESS 19200 NORTHWEST 7TH COURT
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100140333351
CITY-ST-ZIP 01/12/09--01003--007 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100140333351
CITY-ST-ZIP 01/12/09--01003--008 **\$150.00

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

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

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

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

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 *Schadrac Hossain* Schadrac Hossain, President

01-08-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #