

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000122972

FILED
Mar 16, 2009
Secretary of State

Entity Name: DIVISION NINE CONTRACTORS, INC.

Current Principal Place of Business:

1025 MILAN AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1025 MILAN AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

4242 NW 2ND STREET
1402
MIAMI, FL 33126 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
#347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

MCCONVILLE, AIDAN TRES
4242 NW 2ND STREET
1402
MIAMI, FL 33126 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: AIDAN MCCONVILLE

03/16/2009

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:

Title: PRES () Delete
Name: DOYLE, FERGAL
Address: 1025 MILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TRES () Delete
Name: MCCONVILLE, AIDAN
Address: 1025 MILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SECT () Delete
Name: MCCONVILLE, AIDAN
Address: 1025 MILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DIR () Delete
Name: DOYLE, FERGAL
Address: 1025 MILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DIR () Delete
Name: MCCONVILLE, AIDAN
Address: 1025 MILAN AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: AIDAN MCCONVILLE

TRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date