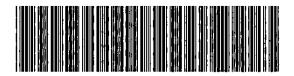
## °P09000091734

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SECRETARY OF STATE, ALLAHASSEE, FLORING

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ASSOCIATES CONSTRUCTION PLUS, COPR Name of Corporation  DOCUMENT NUMBER: P09000091734		
Please return all correspondence concerni	ng this matter to the following:	
RAMON BARCIA		
Name of Contact Person		
ASSOCIATES CONSTRUCTION PLU	JS, CORP	
Firm/Company		
5351 SW 60 PL		
Address		
MIAMI, FL 33155		
City/State and Zip Code		
rjbarcia@hotmail.com		
E-mail address: (to be used for future annual r	report notification)	
For further information concerning this m	atter, please call:	
Alberto G. Del Valle, CPA	at ( 305 ) 446-2726  Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
☑ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
☐ \$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

## ARTICLES OF CORRECTION

for

EITEL	<b>`</b>
2009 NOV 24 PM 1.  RP. SECRETARY OF STATEMENT OF STATEMEN	

ASSOCIATES CONSTRUCTION PLUS, COR Name of Corporation as currently filed with the Florida Dept. of State P09000091734 Document Number (if known) Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct ANNUAL REPORT (Document Type Being Corrected) filed with the Department of State on NOVEMBER 6, 2009 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: **EXCLUDED THE FEDERAL ID#** Correct the inaccuracy, incorrect statement, or defect: PLEASE ADD FEDERAL ID # 591865203

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**RAMON BARCIA** 

, d - 1<sub>1</sub>

(Typed or printed name of person signing)

**PRESIDENT** 

(Title of person signing)

Filing Fee: \$35.00