

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P02000083382</b>					
1. Entity Name <b>LIMONTES &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>1425 SW 119 COURT MIAMI, FL 33184</b>			Mailing Address <b>1425 SW 119 COURT MIAMI, FL 33184</b>		
2. Principal Place of Business <i>7862 N.W. 62 ST</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>DOAA/ FL</i>		City & State		4. FEI Number <b>76-0708387</b>	
Zip <i>33166</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LIMONTES, CARLOS 1425 SW 119 COURT MIAMI, FL 33184</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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.					
SIGNATURE <i>[Signature]</i>		<i>Carlos Limontes</i>		DATE <i>10/17/05</i>	
<small>Signature, typed or printed name of registered agent and fee if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIMONTES, CARLOS 1425 SW 119 CT MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and all other like empowered.					
SIGNATURE: <i>[Signature]</i>		<i>Carlos Limontes</i>		DATE <i>10/17/05</i> DAYTIME PHONE # <i>305 944 9257</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	

10/18/05