

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**10 DEC 30 AM 10:55**

DOCUMENT # **P03000070639**

1. Corporation Name  
**Equity Fast, Inc.**

2. Principal Office Address - No P.O. Box #  
**7619 NE 3ct**

3. Mailing Office Address  
**PO BOX 530367**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

Zip Country  
**33138 USA**

City & State  
**Miami, Florida**

Zip Country  
**33153 USA**

**900189098059**  
12/29/10--01033--002 \*\*750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida **6/25/03**

5. FEI Number  
**450518140**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**MARC AMEDA**

Street Address (P.O. Box Number is Not Acceptable)  
**777 NE 160 TERRACE**

Suite, Apt. #, Etc.

City  
**Miami, Florida**

State Zip Code  
**FL 33162**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Marc Ameda** Date **12/27/10**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>D</b>	<b>AMEDA MARC</b>	<b>777 NE 160 Terr</b>	<b>Miami FL 33162</b>
			<b>S. HAWKES</b>
			<b>DEC 30 2010</b>
			<b>EXAMINER</b>

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Marc Ameda** Date **12/27/10** \* **7862862540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #