


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
VISION OF CORPORATIO

06 MAR 22 AM 8:38

| | |
|---|---|
| DOCUMENT # P04000056536 1. Entity Name PABLO TREJO, INC. |  |
|---|---|

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| Principal Place of Business 610 POINSETTA STREET IMMOKALEE, FL 34142 | Mailing Address 610 POINSETTA STREET IMMOKALEE, FL 34142 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
|--------------------------------------|--------------------------------------|



02272006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent

TREJO, MARIA
610 POINSETTA STREET
IMMOKALEE, FL 34142

4. FEI Number
20-0967810

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TREJO, PERLA 610 POINSETTA STREET IMMOKALEE, FL 34142 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800069547318 04/05/06--01041--023 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 0506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Pablo Trejo **PABLO TREJO** 2-25-06 239-503-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone #