
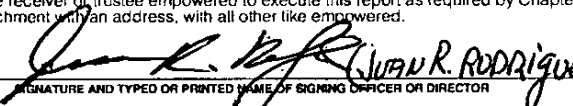


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000159685 1. Entity Name RODRIGUEZ BACKHOE SERVICE, INC.			FILED 05 OCT 12 PM 7:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 4238 SW 95TH AVE MIAMI, FL 33165		Mailing Address 4238 SW 95TH AVE MIAMI, FL 33165	
2. Principal Place of Business 4238 S.W. 95th Ave Suite, Apt. #, etc.	3. Mailing Address 4238 S.W. 95th Ave Suite, Apt. #, etc.		
City & State Miami, Florida	City & State Miami, Florida		4. FEI Number 2019 88868
Zip 33165	Country USA	Zip 33165	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN 4238 SW 95TH AVE MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 RODRIGUEZ, JUAN 4238 SW 95TH AVE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/05--01066--001 **159.00 700080453411 10/10/05--01066--001 **159.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JOAN 4238 SW 95TH AVE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, NELIDA 4238 SW 95TH AVE MIAMI, FL 33165	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, with all other like empowered.			
SIGNATURE: 		Date: 10-05-05 Daytime Phone #: (305) 718-8721	

Handwritten initials

REINSTATEMENT 2005

WOP