


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000032526 1. Entity Name AMERIEQUIPMENTS, INC	
---	---

FILED

09 MAY -8 PM 4:30

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business 14254 SW 161 STREET MIAMI, FL 33177 US	Mailing Address 14254 SW 161 STREET MIAMI, FL 33177 US
--	--



2. Principal Place of Business - No P.O. Box # 14254 SW 161 ST	3. Mailing Address 14254 SW 161 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

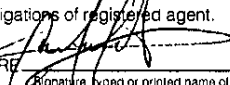
04282009 REIN-P CR2E098 (1/07)

City & State MIAMI, FL.	City & State MIAMI, FL
Zip 33177 Country USA	Zip 33177 Country USA

4. FEI Number 20-8633839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORERO, CESAR H 14254 SW 161 STREET MIAMI, FL 33177	7. Name and Address of New Registered Agent Name CESAR H FORERO Street Address (P.O. Box Number is Not Acceptable) 14254 SW 161 STREET City MIAMI FL Zip Code 33177
---	---

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 **04-28-2009**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------	--

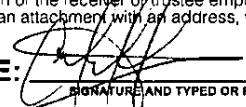
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P FORERO, CESAR H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORERO, CESAR H	NAME	
STREET ADDRESS	14254 SW 161 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURCIA, JAIME	NAME	GLORIA FORERO
STREET ADDRESS	1331 BRICKELL BAY DRIVE APT. 2205	STREET ADDRESS	14254 SW 161 STREET
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	MIAMI, FL. 33177
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	900155673099
STREET ADDRESS		STREET ADDRESS	05/08/09--01015--016 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT

04-28-09

[Signature]

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:  **PRESIDENT** DATE **04-28-2009** (305) 259-8946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR