2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2009
Secretary of State

DOCUMENT# P08000084034

Entity Name: EQUIPMENT CUTLER BAY CORP

Current Principal Place of Business:

8986 SW 225 STREET
CUTLER BAY, FL 33190

New Principal Place of Business:

Current Mailing Address:

8986 SW 225 STREET
CUTLER BAY, FL 33190

New Mailing Address:

FEI Number: 26-3454072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARENTE, BENITO
8986 SW 225 STREET
CUTLER BAY, FL 33190 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MAURO PARENTE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARENTE, BENITO
Address: 8986 SW 225 STREET
City-St-Zip: CUTLER BAY, FL 33190

Title: D ( ) Delete
Name: PARENTE, MAURO
Address: 8986 SW 225 STREET
City-St-Zip: CUTLER BAY, FL 33190

Title: D ( ) Delete
Name: PARENTE, JOSE
Address: 8986 SW 225 STREET
City-St-Zip: CUTLER BAY, FL 33190

Title: D ( ) Delete
Name: GIL, DOUGLAS
Address: 9470 WEST VIEW DRIVE
City-St-Zip: SHAWNEE HILLS, OH 43065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURO PARENTE PD 12/08/2009

Electronic Signature of Signing Officer or Director Date