

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000110860

Entity Name: A.M.E. SUPPLY, INC

FILED
Oct 21, 2007
Secretary of State

Current Principal Place of Business:

1500 BAY ROAD
632
MIAMI BEACH, FL 33139

New Principal Place of Business:

5209 NW 74 AVE
205-B
MIAMI, FL 33166

Current Mailing Address:

1500 BAY ROAD
632
MIAMI BEACH, FL 33139

New Mailing Address:

5209 NW 74 AVE
205-B
MIAMI, FL 33166

FEI Number: 20-5434715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ABEL
1500 BAY ROAD
632
MIAMI BEACH, FL FL US

Name and Address of New Registered Agent:

GONZALEZ, ABEL
5209 NW 74 AVE
205-B
MIAMI, FL 33166 US

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: ABEL GONZALEZ

10/21/2007

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: P () Delete
Name: GONZALEZ, ABEL
Address: 1500 BAY ROAD # 632
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, ABEL
Address: 5209 NW 74 AVE
City-St-Zip: MIAMI, FL 33166

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: ABEL GONZALEZ

P

10/21/2007

Electronic Signature of Signing Officer or Director

Date