


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 228605</b>					
1. Entity Name <b>CALMAQUIP ENGINEERING CORPORATION</b>					
Principal Place of Business <b>200 S. BISCAYNE BLVD. STE. 4100 MIAMI, FL 33131</b>			Mailing Address <b>200 S. BISCAYNE BLVD. STE. 4100 MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0877459</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORP. INT'L REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. STE. 4100 MIAMI, FL 33131</b>			Name <b>BIPC Corporate Registered Agents, Inc.</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>100 S.E. 2nd Street, 34th Floor</b>		
City			City Code		Zip Code
<b>Miami</b>			<b>FL</b>		<b>33131</b>
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		<i>Raul Jose Gutierrez</i> <b>9/26/05</b>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>			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	VD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, RAUL JOSE		NAME	Gutierrez, Raul Jose	
STREET ADDRESS	7150 SW 98 ST		STREET ADDRESS	1900 Sunset Harbour Dr. Apt.1203	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ, ARMANDO		NAME	<b>80006020568</b>	
STREET ADDRESS	4920 S.W. 85TH ST		STREET ADDRESS	<b>10/04/05--01025--010 **150.00</b>	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, RAUL J.		NAME		
STREET ADDRESS	1450 S. BAYSHORE DR., #1210		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		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		
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		
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: <i>Raul Jose Gutierrez</i>		9/22/05		(305) 592-4510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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