

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

96 NOV 18 PM 2:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**300002010353--4
-11/20/96--01112--014
****775.00 ****775.00**

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 490708
1. Corporation Name
Nestor's Professional Services, Inc.

Principal Place of Business Mailing Address
8750 S.W. 129th Terrace 8750 S.W. 129th Terrace
Miami, Florida 33176- Miami, Florida 33176-5904
5904

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/23/75	3a. Date of Last Report 05/01/93
4. FBI Number 59-1638701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Richard Breslow
2138 Biscayne Boulevard
Miami, Florida 33137

10. Name and Address of New Registered Agent
81 Name **Det. H. Joks, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
10689 N. Kendall Drive
83 **Penthouse 310**
84 City **Miami** 85 FL 86 Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.
SIGNATURE *Det. H. Joks, P.A.* DATE **11-5-96**

12. OFFICERS AND DIRECTORS

TITLE	President and Director <input type="checkbox"/> DELETE
NAME	Nestor Rodriguez
STREET ADDRESS	3340 S.W. 128 Avenue
CITY-ST-ZIP	Miami, Florida 33175
TITLE	Secretary and Director <input type="checkbox"/> DELETE
NAME	Nancy Rodriguez
STREET ADDRESS	3340 S.W. 128 Avenue
CITY-ST-ZIP	Miami, Florida 33175
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT
1998-1996
A. Alan
11-18-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.
SIGNATURE: *Nestor Rodriguez* DATE: **11-6-96** OFFICE PHONE: **305-203-2999**

CFR203A (12/95)

NESTOR'S PROFESSIONAL SERVICES, INC.

To the Department of State
of the State of Florida

Pursuant to the provisions of §607.1422 of the Florida Statutes, the undersigned corporation hereby applies for reinstatement and submits the following statement:

1. The name of the corporation is NESTOR'S PROFESSIONAL SERVICES, INC.

2. The corporation was dissolved by the Department of State on the 26th day of August, 1994.

3. The reason for the dissolution was that:

a. the corporation failed to file its annual report for the year commencing on the 1st day of January, 1994, and ending on the 31st day of December, 1994; and

b. the corporation failed to pay the annual report filing fee for the year commencing on the 1st day of January, 1994, and ending on the 31st day of December, 1996.

4.. The corporation has corrected said defect(s) by filing a current annual report for the year commencing on the 1st day of January, 1996, and ending on the 31st day of December,

SOUTHWORTH RECYCLED



SOUTHWORTH RECYCLED

1996, and by paying outstanding annual report filing fees in the amount of \$ 72⁰⁰

Dated 11-6, 1996

25% Cotton Fib

NESTOR'S PROFESSIONAL SERVICES, INC.

By [Signature]

Its President

(officer or director)