


# 2007 FOR PROFIT CORPORATION REINSTATEMENT


|  |   |
|--|---|
| <b>DOCUMENT # K78929</b><br>1. Entity Name<br><b>RESPA CORPORATION</b> |  |
|--|---|

FILED  
07 SEP 24 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br><b>163 W 24TH ST<br/>HIALEAH, FL 33010</b> | Mailing Address<br><b>163 W 24TH ST<br/>HIALEAH, FL 33010</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>1751 SW 24 ST.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1751 SW 24 ST.</b><br>Suite, Apt. #, etc. |
|--|--|

|                                  |                                  |                     |                       |
|----------------------------------|----------------------------------|---------------------|-----------------------|
| City & State<br><b>MIAMI, FL</b> | City & State<br><b>MIAMI, FL</b> |                     |                       |
| Zip<br><b>33145</b>              | Country<br><b>USA</b>            | Zip<br><b>33145</b> | Country<br><b>USA</b> |



**REINSTATEMENT** 09292007 REIN-P FOR2E098 (1/07)

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0124639</b>   | <input type="checkbox"/> Applied Fee<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>REIMONDEZ, JOSE<br/>1751 SW 24TH ST<br/>HIALEAH, FL 33010</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>JOSE REIMONDEZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1751 SW 24 ST.</b><br><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33145</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: *Jose Reimondez* DATE: 09/20/07  
Signature, typed or printed name of reg. agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><b>REIMONDEZ, JOSE</b><br><b>1751 SW 24 ST</b><br><b>MIAMI, FL</b>             | <input type="checkbox"/> Delete                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>09/25</i>   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTD<br><b>REIMONDEZ, LILLIAN</b><br><b>1751 SW 24 ST.</b><br><b>MIAMI, FL 33145</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 600109950686<br>09/25/07--01035--019 **758.75  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | (Empty)  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | (Empty)  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | (Empty)  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Jose Reimondez* DATE: 09/20/07 786-232-2448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Daytime Phone #)  
**Jose Reimondez, President**