2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K78929

1. Entity Name
RESPA CORPORATION

Principal Place of Business	Mailing Address
163 W 24TH ST HIALEAH, FL 33010	163 W 24TH ST HIALEAH, FL 33010

REINSTATEMENT R2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		4. FEI Number	
1751 SW 24 ST.	1751 SW 24 ST.		65-0124639	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State MIAMI, FL	City & State MIAMI, FL		5. Certificate of Status Desired ☒	$8.75 Additional Fee Required

Zip 33145	Country USA	Zip 33145	Country USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REIMONDEZ, JOSE 1751 SW 24TH ST HIALEAH, FL 33010	Name JOSE REIMONDEZ Street Address (P.O. Box Number is Not Acceptable) 1751 SW 24 ST. City MIAMI FL Zip Code 33145

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_   09/20/07

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Jose Reimondez

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 PD NAME REIMONDEZ, JOSE STREET ADDRESS 1751 SW 24 ST CITY-ST-ZIP MIAMI, FL	☐ Delete	TITLE PD NAME REIMONDEZ, JOSE STREET ADDRESS 1751 SW 24 ST CITY-ST-ZIP MIAMI, FL 33145	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VSTD NAME REIMONDEZ, LILLIAN STREET ADDRESS 1751 SW 24 ST. CITY-ST-ZIP MIAMI, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	600109960686 09/26/07--01035--019 **758.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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_   09/20/07   786-232-2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Jose Reimondez, President