

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000031901

1. Entity Name
HARDING @ 82. CORP.



FILED

05 JUL 13 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1538 MALAGA ST.
CORAL GABLES, FL 33134

Mailing Address
8200 HARDING AVE
#3
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06092005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-1007802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, DAVID ESQ.
757 NW 27TH AVENUE
MIAMI, FL 33125

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERRO, RICARDO ☐ Delete
STREET ADDRESS 8200 HARDING AVE #3
CITY - ST - ZIP MIAMI, FL 33141

TITLE VD
NAME FERRO, FERMIN ☐ Delete
STREET ADDRESS 4927 SW 148TH PLACE
CITY - ST - ZIP MIAMI, FL 33185

TITLE TD
NAME NEGRET, DULCE ☐ Delete
STREET ADDRESS 1538 MALAGA ST.
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE SD
NAME NEGRET, LORENZO J ☐ Delete
STREET ADDRESS 1538 MALAGA ST.
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500057749505
CITY - ST - ZIP 07/21/05--01051--012 **900.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Dulce M. Negret

TD

6-21-05

Date

Daytime Phone #