

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000023239

1. Entity Name
SUPPLY PARTS & HEAVY EQUIPMENT, INC.



Principal Place of Business
14723 SW 155 PL
MIAMI, FL 33196

Mailing Address
14723 SW 155 PL
MIAMI, FL 33196

2. Principal Place of Business
5585 NW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address
5585 NW 72 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
DADE

Zip Country
33166 USA

09222005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1089938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, ZENON E
14723 SW 155 PL
MIAMI, FL 33196

7. Name and Address of New Registered Agent

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

9-20-05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARRA, ZENON E
STREET ADDRESS 14723 SW 155 PL
CITY-ST-ZIP MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/05 (305) 888-8504

REINSTATEMENT

FILED
05 SEP 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SUPPLY PARTS & HEAVY EQUIPMENTS, INC
14723 SW 155TH PL
Miami FL 33196

Document # P01000023239

September 20, 2005

Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

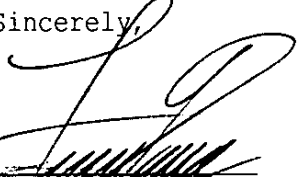
Dear Secretary of State:

I would like to, please, request reinstatement and penalty exemption for late payment on the Annual Report for 2005. The reason is because I did not know about this corporate fee, as well as, I never received a notice about it.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well. I am enclosing a check for \$150 dollars to pay for 2005.

I will really appreciate your help and consideration to this matter. Should you need any information, you can reach me at: (305)888-8504.

Sincerely,



ZENON E. PARRA
President