

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000061762 1. Entity Name ROLANDO BELTRAN AUTO REPAIR CORP.						FILED 06 APR 14 PM 1:00 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10622 SW 20 TERR MIAMI, FL 33165				Mailing Address 10622 SW 20 TERR MIAMI, FL 33165			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name ROLANDO BELTRAN Street Address (P.O. Box Number is Not Acceptable) 10622 SW 20 TERR City MIAMI, FL Zip Code 33165			
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PSTD <input type="checkbox"/> Delete NAME BELTRAN, ROLANDO STREET ADDRESS 10622 SW 20 TERR CITY-ST-ZIP MIAMI, FL 33165				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400070439344 STREET ADDRESS 04/14/06--01023--003 **326.25 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 				3/22/06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			