2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED DOCUMENT # P02000016359 05 NOV -7 PM 2: 49 **URRA'S IRON WORKS CORPORATION** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 957 N W 132ND AVENUE WEST 957 N W 132ND AVENUE WEST MIAMI, FL 33182 MIAMI, FL 33182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10112005 CR2E098 (6/04) City & State City & State Applied For 4. FEI Number 75-3008076 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name URRA, RUBEN Street Address (P.O. Box Number is Not Acceptable) 957 N W 132ND AVENUE WEST MIAMI, FL 33182 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete Change TITLE TITLE 400061220 11/07/05--01065--021 URRA, RUBEN NAME 854 NAME **150.00 STREET ADDRESS 957 N W 132ND AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33182 Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 🕽 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Cha ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Delete TILLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

A AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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September 28, 2005

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- Ruben Urra 957 NW 132nd Avenue West
- Miami FL 33182

To Whom It May Concern:

Please be advised that I have not received my annual filing report for Urra's Iron Works and therefore are enclosing a check for the total amount of \$150.00. If you should have any questions please do not hesitate to contact me at (305) 260-9411 or (305) 546-7246.

Thank you,

Ruben Urra President