


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000027130 1. Entity Name R.M. BONET, CORP.	
---	---

FILED

05 OCT 17 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15831 SW 254 STREET HOMESTEAD, FL 33031	Mailing Address 15831 SW 254 STREET HOMESTEAD, FL 33031
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10132005 REIN-P CR2E098 (6/04)

4. FEI Number 04-3615308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINEZ, RACIEL F 2350 WEST 60 STREET SUITE 10 HIALEAH, FL 33016	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 _____ (NOTE: Registered Agent signature required when reinstating) 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	P <input type="checkbox"/> Delete
NAME	MARTINEZ, RACIEL F
STREET ADDRESS	2350 WEST 60 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VP <input type="checkbox"/> Delete
NAME	DE QUESADA, DIALIS R
STREET ADDRESS	2350 WEST 60 STREET
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	M <input type="checkbox"/> Delete
NAME	DE QUESADA, REINIER
STREET ADDRESS	15831 SW 254 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600060683836 10/17/05--01074--020 **158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	REINSTATEMENT 75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	T. Roberts OCT 21 2005
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 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: _____ 10/13/5 (786) 586-5363

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