2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P02000083382						ED	
1. Entity Name LIMONTES & ASSOCIATES, INC.					0005.00=		
					2005 OCT 1	4 AM 10: 1	կկ
Principal Place of Business Mailing Address 1425 SW 119 COURT 1425 SW 119 COURT				l:	SECRETAR	Y OF STAY	.t.
1425 SW 119 COURT Miami, Fl 33184				SECRETAR TALLAHASS	SEE, FLORI	ŪΑ	
				1.0007451 PM 64510 FASTA 64514 64514 64514 64514 64515 FASTA 6514 6514 6514 6514 6514 6514			
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				10072005	REIN-P	CR2E098 (6/	04)
City & State / C /	City & State City & State			4. FEI Number Applied For			
Zip Country	Zip Count			76-070		<u></u>	Not Applicable Additional
6. Name and Address of Current	Pacietared Acent	<u> </u>			of Status Desired	Fee Req	
	N	7. Name and Address of New Registered Agent Name					
LIMONTES, CARLOS 1425 SW 119 COURT		s	Street Address (I	P.O. Box Numb	er is Not Acceptable)		
MIAMI, FL 33184							
1 (6)			City			FL Zip	Code
8. The above named entity submits this statement to	the purpose of changing its	s registered o	office or register	ed agent, or bo	th, in the State of Florid	da. I am familiar i	with, and accept
the obligations of registered spent.							
SIGNATURE Signature, ploed or printed name of registered agent.	and the if applicable. (NOT	TE: Registered Ag	gent algneture requir	red when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After January 1, 2006, Fee will be \$300.0	100				In accordance wit corporation did no	h s. 607,193(2) of receive the pi	(b), F.S., the rior notice.
10. OFFICERS AND	• • • • • • • • • • • • • • • • • • • •	11.	· ·	ADDITIONS	L /CHANGES TO OFFIC		
TITLE D Delete TITL NAME LIMONTES, CARLOS NAV						☐ Cha	nge 🗌 Addition
STREET ADDRESS 1425 SW 119 CT			DORESS 772				
TITLE SOLITON	☐ Oelete	TITLE				☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS		navie Street ac	DORESS				
City-St-Zip		City-St-	ZIP				
TITLE	☐ Delete	TITLE NAME	- 1	~~	nnnene	mo⊡ ·occe·	
STREET ADDRESS CITY-ST-ZIP			ODRESS	20006063 10/14/0501065		-017 **150.00	
TITLE	Delete 17TL					Cha	nge Addition
NAME STREET ADDRESS	NA. STI		DORESS				
CITY-ST-ZIP		C/TY-ST-			· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	Delete TITE					☐ Cha	inge
STREET ADDRESS		STREET A					
TITLE	☐ Delete	CAY-ST-	- ZIT	.		Cha	inge Addition
NAME	NAM		un-nerces			_	. _
STREET ADDRESS CITY-ST-ZIP		CITY-ST-					
12. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver or prise graph.	n this filing does not qualify to strue and accurate and that dweled to execute this repor	or the exempt my signature it as required	tion stated in Se shall have the by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. I fi ct as if made under oa es; and that my name :	urther certify that th; that I am an o' appears in Block	the information fficer or director 10 or Block 11 if
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 russes amplying 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 appears, with all other like empowered.							
SIGNATURE: MANUFACTOR PRINTED PORTED PRINTED P							7)57