2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000129075

City-St-Zip:

MIAMI, FL 33175

Entity Name: HEMA REPAIR AND INVESTMENT CORP

FILED Jan 03, 2006 Secretary of State

y						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
14321 SW MIAMI, FL	18 STREET 33175		1120 SW 9 MIAMI, FL			
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
9300 SW 4 MIAMI, FL	43 STREET 33165		1120 SW 9 MIAMI, FL			
FEI Number	: 43-1985952	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	Z, JOSE R 43 STREET 33165 US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered	d office or registered agent, or both,	
SIGNATU	RE: JOSE MA					
		nic Signature of Registered Age			Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (MARTINEZ, JO 14321 SW 18 : MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (HERNANDEZ, 2110 SW 83 A MIAMI, FL 331	V E	Title: Name: Address: City-St-Zip:	ESPINOSA,	TREET APT 404	
Title: Name: Address: City-St-Zip:	T (X ECHEVARRIA, 14321 SW 18 3 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	S (X ALONSO, PAS 14321 SW 18		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSE R MARTINEZ P 01/03/2006