

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVE.  
AND  
FILED

06 MAY -2 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007200



1. Entity Name  
SIMPLE SHELL FABRICATORS, INC.

Principal Place of Business  
21000 SW 376TH ST  
FLORIDA CITY, FL 33034

Mailing Address  
21000 SW 376TH ST  
FLORIDA CITY, FL 33034

2. Principal Place of Business  
14925 SW 297 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
14925 SW 297 ST.  
Suite, Apt. #, etc.

City & State  
Homestead, FL  
Zip  
33033  
Country  
U.S.A.

City & State  
Homestead, FL  
Zip  
33033  
Country  
U.S.A.

04172006 REIN-P CR2E098 (11/05)

4. FEI Number  
47-0908045  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEDEZMA, LUIS  
14429 SW 297 ST  
MIAMI, FL 33033

7. Name and Address of New Registered Agent

Name  
Ledezma, Luis  
Street Address (P.O. Box Number is Not Acceptable)  
14925 SW 297 ST.  
City  
Homestead FL Zip Code  
33033

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 Signature of current or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Luis Ledezma 04/20/06

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
LEDEZMA, JUANA M  
21000 SW 376TH ST  
FLORIDA CITY, FL 33034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
Ledezma, Juana M.  
14925 SW 297 ST.  
Homestead, FL. 33033 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

500074338375  
05/10/06--01022--020 \*\*300.00

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juana M. Ledezma

04/20/06 (736) 412 4767  
Date Daytime Phone #

5/200