

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000010367

1. Entity Name
AMC MACHINERY & PARTS INC.



Principal Place of Business
7875 NW 54 STREET
MIAMI, FL 33166

Mailing Address
7875 NW 54 STREET
MIAMI, FL 33166

2. Principal Place of Business
5930 NW 200 Street
Suite, Apt. #, etc.

3. Mailing Address
5930 NW 200 Street
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami, FL

Zip
33015

Country
Miami Dade

Zip
33015

Country
Miami Dade

REINSTATEMENT

4. FEI Number
59-3764845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, ESTEBAN
9261 SW 60 STREET
MIAMI, FL 33173

7. Name and Address of New Registered Agent
Name
Carmen Elias Levenson CPA
Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 Street
Suite 221
City
Miami Lakes FL Zip Code
33014

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
Carmen Elias Levenson

DATE
1/17/2005

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTINEZ-COLL, ALBERTO 8320 BALWAGON ROAD MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:
ALBERTO MARTINEZ-COLL

DATE
1/17/2005

Daytime Phone #
305.6244691