


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000021987

1. Entity Name
SUAMOX CORPORATION



FILED

05 SEP 30 PM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1627 SW 28TH ST 1627 SW 28TH ST
CAPE CORAL, FL 33914 CAPE CORAL, FL 33914

2. Principal Place of Business 3. Mailing Address

6132 Idlewild St. **6132 Idlewild St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 5 **Suite 5**

City & State City & State

Fort Myers, FL **Fort Myers, FL**

Zip Country Zip Country

33912 **Lee** **33912** **Lee**



4. FEI Number Applied For

47-0909104 Not Applicable

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

6. Name and Address of Current Registered Agent

IZQUIERDO, DANIEL
1627 SW 28TH ST
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name **Youssef Rashid**

Street Address (P.O. Box Number is Not Acceptable)

2375 Harvard Ave.

City **Fort Myers, FL** Zip Code **33907**

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 **H. Youssef Rashid, CPA** DATE **8/1/05**

Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel Izquierdo 2619 SW 22nd Place Cape Coral, FL 33914 <input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Daniel Izquierdo** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR