

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000068912 1. Entity Name INTERNATIONAL WIDE EQUIPMENT, INC.				FILED 05 JAN -3 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4000 PONCE DE LEON # 470 MIAMI, FL 33146		Mailing Address 8574 N.W. 70TH STREET MIAMI, FL 33166			
2. Principal Place of Business 2500 NW 79 AVE Suite, Apt. #, etc. Suite 126 City & State Doral - Florida Zip 33122 Country USA		3. Mailing Address 2500 NW 79 AVE Suite, Apt. #, etc. Suite 126 City & State Doral - Florida Zip 33122 Country USA			
4. FEI Number 51-0471479		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		12082005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent GONZALEZ, JAIME J 4000 PONCE DE LEON STE 470 MIAMI, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, JAIME J 4000 PONCE DE LEON STE 470 MIAMI, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, JAIME J 2500 NW 79 AVE DORAL, Florida 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600063023216 01/09/06--01006--007 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jaime Gonzalez</u> / 12-27-05 305-597-3797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					