2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 27 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P03000107865

1. Entity Name: Aponte Enterprises, Inc

Principal Place of Business: 7635 N.W. 27 Ave. Miami, Fla. 33147-5503

Mailing Address

10072004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Same		7635 N.W. 27 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Miami Fla.	
Zip	Country	Zip: 33147	Country: U.S.A.

4. FEI Number — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Rene Aponte
820 S.W. 134 Place
Miami Fla. 33184

7. Name and Address of New Registered Agent

Name: Rene Aponte

Street Address (P.O. Box Number is Not Acceptable): 820 S.W. 134 Pl.

City: Miami FL Zip Code: 33184

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10/23/04

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $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	P/D Rene Aponte, 820 S.W. 134 Pl, Miami Fla. 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Edwin Aponte, 820 S.W. 134 Pl., Miami Fl. 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11/15/04--01008--001 **150.00

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/23/04 — Daytime Phone #