

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000110352

1. Entity Name
SOUTH FLORIDA EQUIPMENT & PARTS, INC.



Principal Place of Business
3923 ADRA AVENUE
MIAMI, FL 33178

Mailing Address
3923 ADRA AVENUE
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #
3620 ALCANTARA AVE.
Suite, Apt. #, etc.

3. Mailing Address
3620 ALCANTARA AVE.
Suite, Apt. #, etc.



10012008 REIN-P CR2E098 (1/07) 08

City & State
DORAL, FL.

City & State
DORAL, FL.

4. FEI Number
02-0708280

Applied For
Not Applicable

Zip
33178
Country
MIAMI-DADE

Zip
33178
Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

TAMARIZ, CARLOS J
3923 ADRA AVENUE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
CARLOS J TAMARIZ

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

3620 ALCANTARA AVENUE

City
DORAL FL Zip Code
33178

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
TAMARIZ, CARLOS J
3923 ADRA AVENUE
MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

10/1/08

Date

Daytime Phone #