





2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000117175 1. Entity Name ALBERTIN G. CORP.						FILED 06 OCT 16 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 06 	
Principal Place of Business 2435 SW 14 ST MIAMI, FL 33145				Mailing Address 2435 SW 14 ST MIAMI, FL 33145			
2. Principal Place of Business 997 W 79 PL Suite, Apt. #, etc.			3. Mailing Address same Suite, Apt. #, etc.			10132006 REIN-P CR2E098 (11/05) 4. FEI Number 20-0386856 Applied For <input type="checkbox"/> Not Applicable	
City & State HIALEAH, FL			City & State				
Zip 33014		Country US		Zip			
6. Name and Address of Current Registered Agent GUERRA, ALBERTO 2435 SW 14 ST MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!! FEE IS \$150.00 After January 1, 2007, 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	DP GUERRA, ALBERTO 2435 SW 14 ST MIAMI, FL 33145 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400081149164 10/24/06--01029--005 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, JESUS 2435 SW 14 ST MIAMI, FL 33145 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							