# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jun 16, 2005**
**Secretary of State**

DOCUMENT# P03000127215

**Entity Name:** FLORIDA INTERNATIONAL JAX INC

**Current Principal Place of Business:**

12293 CASHEROS COVE DRIVE SOUTH
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12293 CASHEROS COVE DRIVE SOUTH
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number: 90-0130640** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KICHURA, VALERY
12293 CASHEROS COVE DRIVE SOUTH
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: VALERY KICHURA

Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: GRANADOS, ALFREDO O
Address: 12293 CASHEROS COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete
Name: PADRON, RICARDO L
Address: 12293 CASHEROS COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: MENDES, MATIAS P
Address: 12293 CASHEROS COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition
Name: LUNA, RICHARD
Address: 12293 CASHEROS COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD (X) Change ( ) Addition
Name: MENDEZ, MATIAS P
Address: 12293 CASHEROS COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD (X) Change ( ) Addition
Name: VAZAVES, ALFREDO C
Address: 12293 CASHEROS COVE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO LUNA PRES 06/16/2005

Electronic Signature of Signing Officer or Director — Date