


Ref # P03000140678

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000140678

1. Corporation Name

Abel Rodriguez Inc.

2. Principal Office Address

231 CR765

Suite, Apt. #, etc.

City & State

webster FL

Zip

33597

Country

USA

3. Mailing Office Address

231 CR765

Suite, Apt. #, etc.

City & State

webster FL

Zip

33597

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-1999

5. FEI Number

200483560

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lidia Rodriguez

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

231 CR765

Suite, Apt. #, Etc.

City

webster

State

FL

Zip Code

33597

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lidia Rodriguez

REGISTERED AGENT MUST SIGN

Date 1/10/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officers and Director	Abel Rodriguez	231 CR765	webster FL 33597

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Abel Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/06

Daytime Phone #

(332) 303-4749

FILED

06 FEB -3 PM 4:51

SECRET
TALLAHASSEE, FLORIDA

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