


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000030492 1. Entity Name RENE CHAVEZ, INC.	
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FILED
06 JUN -2 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1840 FLORIDA CLUB CIR. STE 5104 NAPLES, FL 34112	Mailing Address 1840 FLORIDA CLUB CIR. STE 5104 NAPLES, FL 34112
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2. Principal Place of Business 3230 605T SW Suite, Apt. #, etc.	3. Mailing Address 3230 605T SW Suite, Apt. #, etc.
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City & State NAPLES - FL	City & State NAPLES - FL	4. FEI Number 30-0796732	Applied For Not Applicable
Zip 34116	Country USA	Zip 34116	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAVEZ, RENE 1840 FLORIDA CLUB CIR. STE 5104 NAPLES, FL 34112	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

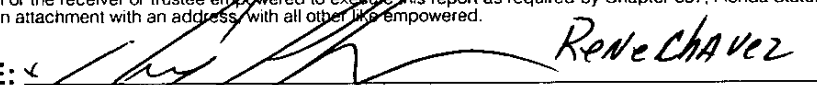
SIGNATURE:  **Rene Chavez** DATE: **5/25/06**

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

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHAVEZ, RENE 1840 FLORIDA CLUB CIR. STE 5104 NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/7 6/8 700076161817 06/14/06--01004--014 **300.00
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
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
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
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
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:  **Rene Chavez** DATE: **5/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #