

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 04000043233

1. Entity Name
RESERVE AGREEMENTS, INC.



FILED

05 NOV 18 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05

Principal Place of Business
10331 CORAL WAY
SUMMER GROVE APTS.
MIAMI, FL 33156

Mailing Address
10331 CORAL WAY
SUMMER GROVE APTS.
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1160861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIN, TERRANCE J ESQ.
8859 GRAND AVENUE
SUITE 340
MIAMI, FL 33133

Name
Richard E. Deutch, Jr.

Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street, Suite 2200

City
Miami

FL Zip Code
33130

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

Richard E. Deutch, Jr.

11-16-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez Roura GUILLERMO 10331 CORAL WAY, SUMMER GROVE APTS MIAMI, FL 33156 President	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez Rodriguez ANDRES 10331 CORAL WAY, SUMMER GROVE APTS MIAMI, FL 33156 Secretary	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hernandez Rodriguez GUILLERMO JOSE 10331 CORAL WAY, SUMMER GROVE APTS MIAMI, FL 33156 TREASURER	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900061761939 11/29/05--01068--004 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Secretary of State Director

11/14/05

305-223-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #