

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000082076

Entity Name: ISMAEL GONZALEZ BROKER INC

FILED  
Mar 17, 2008  
Secretary of State

**Current Principal Place of Business:**

190 NE 19 STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

190 NE 19 STREET  
HOMESTEAD, FL 33030 US

**Current Mailing Address:**

190 NE 19 STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

190 NE 19 STREET  
HOMESTEAD, FL 33030 US

FEI Number: 20-1160164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ISMAEL  
190 NE 19 STREET  
HOMESTEAD, FL 33030 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: ISMAEL GONZALEZ

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: PD ( ) Delete  
Name: GONZALEZ, ISMAEL  
Address: 190 NE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD ( ) Delete  
Name: BONILLA, ANA  
Address: 190 NE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33030

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

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, ISMAEL  
Address: 190 NE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VPD (X) Change ( ) Addition  
Name: BONILLA, ANA  
Address: 190 NE 19 STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ISMAEL GONZALEZ

Electronic Signature of Signing Officer or Director

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03/17/2008

Date