

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091955

1. Entity Name
BUDGET COMPRESSORS, INC.



FILED
10 MAY 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 4301
DEERFIELD BCH #163
DEERFIELD BEACH, FL 33442

Mailing Address
PO BOX 4301
DEERFIELD BCH #163
DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box #
349 W HILLSBORO BLVD
Suite, Apt. #, etc
UNIT 816

3. Mailing Address
PO BOX 4301
Suite, Apt. #, etc



REINSTATEMENT CR2E098 (1/07) 09-10

City & State
DEERFIELD BEACH
Zip 33442 Country FL

City & State
DEERFIELD BEACH
Zip 33442 Country FLORIDA

4. FEI Number
20-1261781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATAN, ARI
2021 NW 29TH ST
OAKLAND PARK, FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY/10/2010

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MATAN, ARI
STREET ADDRESS P.O. BOX 4301
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300180844233
STREET ADDRESS 05/13/10--01030--012 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY/10/2010

Daytime Phone #

954-733 3232