## 2009 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								
DOCUMENT # <del>P07900070689</del> 1. Entity Name PO400Q/06369 EREDERIGO RUBIO INC A-1 Rederal Services Inc.					10	FILES		
Principal Place of Business  1115 61ST AVE DRIVE EAST BRADENTON, FL 34203 US  5728 7th St E Bradenton, FL 34203			JS		1	ECRETARIA LLAHASSEL.		
Principal Place of Business - No P.O. Box #     Mailing Address					578 <b>57.00 \$ 47.00</b>			<b>a</b> .
Suite, Apt. #, etc. Suite, Apt. #, etc					02142009 REIN	A Liver	098 (1/07)	1-10
City & State		City & State			4. FEI Number 43-205	561799	<u> </u>	pplied For ot Applicable
Zip	Country	Zip Countr			5. Certificate of Status		\$8.75 Add	litional
6. Name and Address of Current Registered Agent					7. Name and Address	of New Registered	Agent	
RUBIO, FREDERICO				9				
1115 61ST AVE DRIVE EAST BRADENTON, FL 34203			Street Address (P.O. Box Aumber is Not Acceptable)					
BRADENI	ON, FL 34203			06/23/1001026009 ***500.00				
			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 + JEdevica Rubio - Rubio - Rubio - Rubio - Rubio - DAIE - Signature, typed or printed name of registered agent and life of applicable (NOTE: Begistered Agent signature required when reflectating) DAIE								
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	11.		ADDITIONS/CHANGE	S TO OFFICERS ANI	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIO, FREDERICO PO BOX 2417 ONECO, FL 34264	☐ Delele	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	02/24/09-0	1427 <u>0</u> 4	□ Change <b>□ '</b> □ **300 , ()(	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s fore	05tin Rubio 0012417 2001FL 3424	, ,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	500	Rubio XX 2417	uч	Change	Addition _
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		06/ <del>2</del> 9/101-1	142384	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	5			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	Addition
12. I hereby c	ertify that the information supplied with	this filing does not qualify for the	he exemptions	contained	in Chapter 119, Florida S	itatutes. I further cert	fy that the inf	ormation

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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR