

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 11 AM 11:10

DOCUMENT # P04000107819

1. Corporation Name

R & B Heavy Equipments Sales Inc

2. Principal Office Address - No P.O. Box #

3000 S W 101st Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33165

Country

Miami Dade

Zip

Country

7. Name and Address of Current Registered Agent

Name

Roman Llerena

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

3000 S W 101st Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/1985

5. FEI Number

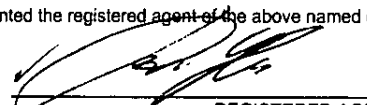
59-2514759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.300156939499
06/11/09--01017--009 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date June 04 2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PresVicePre	Roman Llerena	3000 S W 101st Court	Miami FL 33165
Sec Treas	Roman Llerena	3000 S W 101st Court	Miami FL 33165
Director	Barbara Llerena	3000 S W 101st Court	Miami FL 33165

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



Roman Llerena

June 04 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #