

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000114316 1. Entity Name ANIBAL PEREZ CORP.					
Principal Place of Business 16026 KILMARNOCK DR MIAMI LAKES, FL 33014			Mailing Address 16026 KILMARNOCK DR MIAMI LAKES, FL 33014		
2. Principal Place of Business <i>16026 Kilmarnock Dr</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number	
Zip 33014		Country USA		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PEREZ, ANIBAL 16026 KILMARNOCK DR MIAMI LAKES, FL 33014	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ANIBAL 16026 KILMARNOCK DR MIAMI LAKES, FL 33014 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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)(i), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9-8-05 Date		786-299-1153 Daytime Phone #

10/2/05