

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000161729

1. Corporation Name

Nations Heavy Equipment, Corp

2. Principal Office Address

1632 NW 29 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

USA

3. Mailing Office Address

1632 NW 29 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2004

5. EEL Number

75-3177286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-06

7. Name and Address of Current Registered Agent

Name

Turo, Jose L

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

1632 NW 29 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

9/29/06

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
DP	Turo, Jose L	1632 NW 29 Ave	Miami, FL 33125

10. I certify that I am an officer or director or the recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/06

Daytime Phone #

K. Eckel OCT - 2 2006