

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000167553 1. Entity Name AMIGOS IRON WORK, CORP.						FILED 06 JAN 20 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7301 SW 45 STREET BAY 7 MIAMI, FL 33155				Mailing Address 7301 SW 45 STREET BAY 7 MIAMI, FL 33155			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-2015441				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERES, JOSE R 7301 SW 45 STREET BAY 7 MIAMI, FL 33155				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERES, JOSE R <input type="checkbox"/> Delete 7301 SW 45 STREET #7 MIAMI, FL 33155			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTEROZ, MARLON <input type="checkbox"/> Delete 7301 SW 45 STREET #7 MIAMI, FL 33155			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200065110642 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/03/06--01004--015 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YANEZ, JOSE M <input type="checkbox"/> Delete 7301 SW 45 STREET #7 MIAMI, FL 33155			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, CARLOS R <input type="checkbox"/> Delete 7301 SW 45 STREET #7 MIAMI, FL 33155			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 persons empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01-09-06 786-389-6234 <small>Date Daytime Phone #</small>			