

2007 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P05000033540

1. Entity Name
SEGUNDO & SON, INC

FILED

2007 OCT -2 AM 9: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 305 WEST 68TH STREET APT. # 416 HIALEAH, FL 33014	Mailing Address 305 WEST 68TH STREET APT. # 416 HIALEAH, FL 33014
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country	4. FEI Number 20-2463381	Applied For <input type="checkbox"/> Not Applicable
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09202007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent

**MARTINEZ, SEGUNDO D
305 WEST 68TH STREET SUITE #404
HIALEAH, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, 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	
TITLE	PD <input type="checkbox"/> Delete
NAME	MARTINES, SEGUNDO D
STREET ADDRESS	305 WEST 68TH STREET APT. # 416
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VPD <input type="checkbox"/> Delete
NAME	MARTINEZ, HECTOR L
STREET ADDRESS	305 WEST 68TH STREET APT. # 416
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600110175186
CITY-ST-ZIP	10/02/07--01022--015 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/07
Date

Daytime Phone # *12146*