


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000015082</b> 1. Entity Name HECTOR MENDEZ, INC.	
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED

09 JAN -7 PM 2: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1614 MARSHWOOD DR SEFFNER, FL 33584	Mailing Address 1614 MARSHWOOD DR SEFFNER, FL 33584
-----------------------------------------------------------------------	-----------------------------------------------------------



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---------------------------------------------------------------------------	-----------------------------------------------

11192008 REIN-P CR2E098 (1/07)

City & State  Zip Country	City & State  Zip Country	4. FEI Number 20-4289878	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---------------------------------	-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent  KEITH, KENNETH A 1202 MONTE LAKE DR VALRICO, FL 33594	7. Name and Address of New Registered Agent Name <b>HECTOR MENDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1614 MARSHWOOD DR.</b> City <b>SEFFNER</b> FL Zip Code <b>33584</b>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 10/20/08

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2009, 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 <input type="checkbox"/> Delete MENDEZ, HECTOR 1614 MARSHWOOD DR SEFFNER, FL 33584	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 24pt; font-weight: bold;">200139874642</div> 01/07/09--01028--004 **150.00
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
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
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

REINSTATEMENT

RH

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]* DATE: 10/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davitt Phone #