## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000015268

Entity Name: FLORIDA FILTER AND SPECIALTY PRODUCTS INC

FILED Jul 27, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
URB. LA VISTA VIA CUMBRES #G-18 SAN JUAN, PR 00924			937 B W OAK RIDGE RD ORLANDO, FL 32809			
Current Mailing Address:			New Mailing Address:			
URB. LA VISTA VIA CUMBRES #G-18 SAN JUAN, PR 00924			937 B W OAK RIDGE RD ORLANDO, FL 32809			
FEI Number	: 20-4215564	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:			
937 B W C	S, SIGFRIDO DAK RIDGE RI D, FL 32809	D US				
	e named entity e of Florida.	submits this statement for the	purpose of changing it	s registered of	fice or registered agent, or bot	
SIGNATUI	RE: SIGFRID	O DEJESUS				
	Electro	nic Signature of Registered Ag	ent		Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notice	∍.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P ( DEJESUS, SIO 937 B W OAK ORLANDO, FL	RIDGE RD	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( DEJESUS, IRM 937 B W OAK ORLANDO, FL	RIDGE RD	Title: Name: Address: City-St-Zip:	S/T (X) DEJESUS, IRMA 937 B W OAK R ORLANDO, FL	IDGE RD	
Title: Name: Address: City-St-Zip:	DEJESUS, SIG	A #G-18 VIA CUMBERS	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name:	T (λ LEON, NIVEA	() Delete	Title: Name:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SIGFRIDO DEJESUS PRES 07/27/2009

URB. PASEO DEL PRADO #75 VERADA

CAROLINA, PR 00987

Address:

City-St-Zip: