


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000082154	
1. Entity Name PRODUCTOS Y SERVICIOS WEBER CORP.	

FILED
09 JAN -6 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1048 US HWY 27 SOUTH AVON PARK, FL 33825	Mailing Address 1048 US HWY 27 SOUTH AVON PARK, FL 33825
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2. Principal Place of Business - No P.O. Box # 1050 US HWY 27 S	3. Mailing Address 1050 US HWY 27 S
Suite, Apt. #, etc. AVON PARK	Suite, Apt. #, etc. AVON PARK
City & State FLORIDA	City & State FLORIDA
Zip 33825	Country USA

11132008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent LOPEZ, ALEJANDRA 1048 US HWY 27 SOUTH AVON PARK, FL 33825	7. Name and Address of New Registered Agent Name New Address: Street Address (P.O. Box Number is Not Acceptable) 1050 US HWY 27 SOUTH City AVON PARK FL Zip Code 33825
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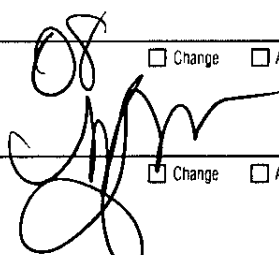
4. FEI Number
20-5055381

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, DIEGO W 1048 US HWY 27 SOUTH AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139529 DEB 01/06/09--01007--009 **150.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUNCO, GELLY 1048 US HWY 27 SOUTH AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, ALEJANDRA 1048 US HWY 27 SOUTH AVON PARK, FL 33825 <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
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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 like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/22/08 - 863 4521733 Daytime Phone: _____