

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000099679

Entity Name: MIAMI CHOP SHOP INC.

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2089 OPA LOCKA BLVD  
OPA LOCKA, FL 33054

## **New Principal Place of Business:**

2089 OPA LOCKA BLVD #3  
OPA LOCKA, FL 33054

## **Current Mailing Address:**

2089 OPA LOCKA BLVD  
OPA LOCKA, FL 33054

## **New Mailing Address:**

2089 OPA LOCKA BLVD #3  
OPA LOCKA, FL 33054

FEI Number: 20-5312284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

FLORES, HAROLD  
9809 OCKEECHOBEE RD, APT 101  
HIALEAH, FL 33016 US

## **Name and Address of New Registered Agent:**

FLORES, HAROLD VP  
9809 OCKEECHOBEE RD, APT 101  
HIALEAH, FL 33016 US

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.

SIGNATURE: HAROLD FLORES

02/08/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: FLORES, ALVARO  
Address: 9809 OCKEECHOBEE RD APT 101  
City-St-Zip: HIALEAH, FL 33016

Title: VP  
Name: FLORES, HAROLD E  
Address: 9809 OCKEECHOBEE RD # 101  
City-St-Zip: HIALEAH, FL 33016 US

I hereby 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 all other like empowered.

SIGNATURE: HAROLD FLORES

VP

02/08/2010

Electronic Signature of Signing Officer or Director

Date