PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO6000122 (079 1. Corporation Narra Amador Equipment, Inc 200180007272 2. Principal Office Address. No P.D. Box # J. Mailing Office Address. Sulle, Apt. #, etc. 4. Date incorporated or Qualified To Do Balantesia in Fancia To Do Balantesia To Do Balantesia in Fancia To Do Balantesia To Do Balantesia To Do Balantesia	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 MAY -3 PH 28 28	
2. Principal Office Address - No P.O. Box # 1/49 P.Z. SUB 3D TGCRL Subs, Apt. #, etc. Subs, Apt. #, etc. City & State City & State City & State Country 7. Name and Address of Current Registered Agent Name Raul 7. Name and Address of Current Registered Agent Name Raul 7. Name and Address of Current Registered Agent Name Raul 8. 1, being appointed the registered agent of the 450-ve name (Spontion), any familiar with and accept the obligations of section 607.050 or e17.0503, F.S. Signature of Registered Agent Received and requesting the relinstatement fee be walved. 8. 1, being appointed the registered agent of the 450-ve name (Spontion), any familiar with and accept the obligations of section 607.050 or e17.0503, F.S. Signature of Registered Agent Received and requesting the relinstatement fee be walved. 8. Names and Street Addresses of Each Officer and/or Director (Fordia nonprofit corporations must list at least 3 directors) Received and requesting from the registered agent of the 450-ve name (Fordia nonprofit corporations must list at least 3 directors) Received and requesting from the registered Agent of the 450-ve name (Fordia nonprofit corporations must list at least 3 directors) Received and requesting from the registered agent of the 450-ve name (Fordia nonprofit corporations must list at least 3 directors) Received and requesting from the registered agent of the regi	DOCUMENT # P06000122 679		·	
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SIGNATURE: 4-30-10 . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #				