

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000133332



1. Entity Name
A1 KINGRIDES, INC.

FILED
07 OCT 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 230 SW 135 AVENUE MIAMI, FL 33184	Mailing Address 230 SW 135 AVENUE MIAMI, FL 33184
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10022007 REIN-P CR2E098 (1/07)

4. FEI Number 20-5749131	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, ARGENIS
230 SW 135 AVENUE
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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]* DATE: **10-01-07**

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">P</td> <td style="width: 70%;">SANTOS, ARGENIS</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">230 SW 135 AVENUE MIAMI, FL 33184</td> </tr> </table>	P	SANTOS, ARGENIS	<input type="checkbox"/> Delete	230 SW 135 AVENUE MIAMI, FL 33184		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
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REINSTATEMENT

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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: **10-01-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR