


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000032526		
1. Entity Name AMERIEQUIPMENTS, INC		

FILED

09 MAY -8 PM 4:30

DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business 14254 SW 161 STREET MIAMI, FL 33177 US	Mailing Address 14254 SW 161 STREET MIAMI, FL 33177 US
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2. Principal Place of Business - No P.O. Box # 14254 SW 161 ST	3. Mailing Address 14254 SW 161 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

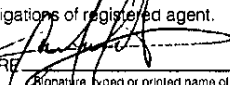


04282009 REIN-P CR2E098 (1/07)

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 20-8633839	Applied For <input type="checkbox"/> Not Applicable
Zip 33177	Country USA	Zip 33177	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORERO, CESAR H 14254 SW 161 STREET MIAMI, FL 33177		7. Name and Address of New Registered Agent Name CESAR H FORERO Street Address (P.O. Box Number is Not Acceptable) 14254 SW 161 STREET City MIAMI FL Zip Code 33177	
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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  DATE 04-28-2009

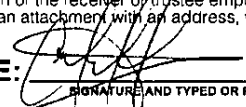
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	P FORERO, CESAR H 14254 SW 161 STREET MIAMI, FL 33177 <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	VP MURCIA, JAIME 1331 BRICKELL BAY DRIVE APT. 2205 MIAMI, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLORIA FORERO 14254 SW 161 STREET MIAMI, FL 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900155673099 05/08/09--01015--016 **\$300.00 <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
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
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

REINSTATEMENT

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:  PRESIDENT DATE 04-28-2009 (305) 259-8946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR