

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000072955					
1. Entity Name CARLOS LOPEZ CORP					
Principal Place of Business 60 EAST 61 STREET HIALEAH, FL 33013 US			Mailing Address 60 EAST 61 STREET HIALEAH, FL 33013 US		
2. Principal Place of Business - No P O Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
6. Name and Address of Current Registered Agent LOPEZ, JUAN C 60 EAST 61 STREET HIALEAH, FL 33013				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	
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: <u>Juan C Lopez</u>				DATE: <u>11-11-08</u>	
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P LOPEZ, JUAN C 60 EAST 61 STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY ST ZIP	400137923754 11/14/08--01037--007 **\$150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LOPEZ, CARLOS 60 EAST 61 STREET HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change 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: <u>Juan C Lopez</u>				DATE: <u>11.11.08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: <u>786 251 9089</u>	

FILED

2008 NOV 14 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-P CR2E098 (1/07)

4. FEI Number Applied For
Not Applicable

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

REINSTATEMENT
2008