


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

1092

06/07/21 11:02:52

<b>DOCUMENT # P93000038306</b> 1. Entity Name <b>HORSE POWER SALES OF SOUTH FLORIDA, INC.</b>	
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Principal Place of Business <b>2216 ALIBABA AVENUE OPA LOCKA, FL 33054</b>	Mailing Address <b>2216 ALIBABA AVENUE OPA LOCKA, FL 33054</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

06-27-06 90035 019 1150.00  
1042006 REINSTATEMENT  
06

4. FEI Number <b>65-0414327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>RABOSO, ARTURO R 2216 ALIBABA AVENUE OPA LOCKA, FL 33054</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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: *Arturo R Raboso* DATE: 10-10-06

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, 2007, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RABOSO, ARTURO R 671 EAST 34TH ST. HIALEAH, FL 33013 <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
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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

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: *Arturo R Raboso* DATE: 10-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/06 NOV 21 2006

282

Nov 17, 2006

Ref: Horse Power Sale of South  
Florida Inc.  
P9300003P306

Division of Corporations  
Tallahassee, Fla. 32314  
Gentleman:

As per letter received from  
your office returning my reinstatement  
and check because it was not the correct  
amount, I want to inform, that I never  
received your correspondence of June 21, 2006  
as specified, I am sending \$400.00 to  
complete the amount due for reinstatement,  
I hope this situation be clarified, and  
my corporation be reinstated.

Sincerely,

L. De Rosa