2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000032509



SEC ETARY OF STATE
DIVISION OF STATE

ASTRO TOOLS RENTAL AND SALES, INC.						28 PM 2: 25	
Principal Place of Business 746 N E 80TH STREET MIAMI, FL 33138		Mailing Address 746 N E 80TH STREET MIAMI, FL 33138		REINS		AENT_05	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		08092006	08092006 REIN-P CR2E098 (11/05) \(\)\(\)\(\)		
Gity & State	i FL	City & State	FL.	4. FEI Numb 65-065		No	plied For t Applicable
35/3	P DADE	33138	DAD E	5. Certificate	of Status Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent	
PRESIC, V 746 N E 80 MIAMI, FL	OTH ST	ddress (P.O. Box Numb	er is Not Acceptable	<u>. T</u>			
			City	iAMI		FL Zip Code	138
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							
FII	LE NOW!!! FEE IS \$300.00					vith s. 607.193(2)(b), i not receive the prior r	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFF	CERS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIC, VLADAN 746 N W 80TH STREET MIAMI, FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	633 NI	5 799 Fi. 33	S Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	'00079 80/060103		☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-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 otherwise empowered. SIGNATURE:							
SIGNA	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	.,	Date	Daytime Phone #	