

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -4 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                                                                                                                                                                               |                                                                                                                |                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000089270</b><br>1. Entity Name<br><b>MACHINERY AND PARTS, INC.</b>                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                  |
| Principal Place of Business<br><b>8321 NW 68 STREET<br/>MIAMI, FL 33166</b>                                                                                                                                                   |                                                                                                                | Mailing Address<br><b>510 NW 86 PLACE<br/>#101<br/>MIAMI, FL 33126</b>                                                                                                                           |
| 2. Principal Place of Business<br><b>11010 N.W. 92ND TER</b>                                                                                                                                                                  | 3. Mailing Address<br><b>8373 LAKE DRIVE</b>                                                                   |                                                                                                                                                                                                  |
| Suite, Apt. #, etc.<br><b>ANNEX B, SUITE 3</b>                                                                                                                                                                                | Suite, Apt. #, etc.<br><b># G-402</b>                                                                          |                                                                                                                                                                                                  |
| City & State<br><b>DORAL, FLORIDA</b>                                                                                                                                                                                         | City & State<br><b>MIAMI, FLORIDA</b>                                                                          |                                                                                                                                                                                                  |
| Zip<br><b>33178</b>                                                                                                                                                                                                           | Country<br>                                                                                                    | Zip<br><b>33166</b>                                                                                                                                                                              |
| 4. FEI Number<br><b>65-0708843</b>                                                                                                                                                                                            |                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                                                | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>VEGA, HECTOR J<br/>9737 N.W. 41TH STREET<br/>#105<br/>MIAMI, FL 33178</b>                                                                                               |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br><b>VEGA, HECTOR J</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9737 N.W. 41TH STREET # 458</b><br>City<br><b>MIAMI</b> |
| 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:<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                    |                                                                                                                | DATE: <b>5/8/06</b><br><small>DATE</small>                                                                                                                                                       |
| <b>FILE NOW!!! FEE IS \$300.00</b>                                                                                                                                                                                            |                                                                                                                | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PD <input type="checkbox"/> Delete<br><b>VEGA, HECTOR J<br/>9737 N.W. 41ST STREET #105<br/>MIAMI, FL 33178</b> | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>VEGA, HECTOR J<br/>9737 N.W. 41ST STREET # 458<br/>MIAMI, FL 33178</b>                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 |



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5/8/06

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REINSTATED

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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: DATE: **5/8/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #