

2005 FOR PROFIT CORPORATION REINSTATEMENT

192

05 DEC 27 PM 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05



11102005 REIN-P CR2E098 (6/04)

4. FEI Number **65-0756929** Applied For Not Applicable

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

DOCUMENT # P97000033870

1. Entity Name
102 OFFICE BUILDING, INC.



Principal Place of Business: 102 EAST 49TH STREET, HIALEAH, FL 33013

Mailing Address: 102 EAST 49TH STREET, HIALEAH, FL 33013

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

IZQUIERDO, ALEXIS
102 EAST 49TH STREET
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D IZQUIERDO, ALEXIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZQUIERDO, ALEXIS	NAME	
STREET ADDRESS	102 EAST 49TH STREET	STREET ADDRESS	300063540513
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	01/12/06--01009--007 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alexis Izquierdo* Date: 12/27/05 Daytime Phone #: 305-84-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ALEXIS IZQUIERDO

Professional Association
A Personal Injury Law Firm
Alexis Izquierdo, Esq.

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Izquierdo Law Building
102 East 49th Street
Hialeah, Florida 33013
Telephone (305) 826-9994
Facsimile (305) 826-1119
aizquierdo@izquierdolaw.com
Izquierdolaw.com

December 5, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

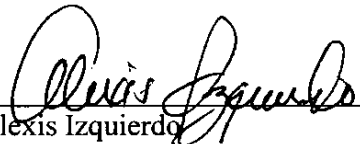
Re: P97000033870
Tax ID # 65-0756929

To Whom It May Concern:

Please let this letter serve as my request for a waiver to any late fees. Please note that I didn't receive any note cards and/or letters as to the May 1, 2005 deadline. Enclosed please find check # 1757 for \$ 150.00 payable to Divisions of Corporations for 102 Office Building, Inc.

If you may have any questions or concerns please feel free to contact me or my secretary Cristina Garcia.

Sincerely,



Alexis Izquierdo

AI/cg

