

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000027516

1. Entity Name
S & S INVESCO, INC.



Principal Place of Business
**1401 PONCE DE LEON BLVD., #202
CORAL GABLES, FL 33134**

Mailing Address
**1401 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134**

2. Principal Place of Business
**12973 SW 112 Street
Suite, Apt. #, etc.
#135**

3. Mailing Address
**c/o 10300 Sunset Drive
Suite 400**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0914168

Applied For
☐ Not Applicable

Zip
33186

Country
USA

Zip
33173

Country
USA

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

6. Name and Address of Current Registered Agent

**BLANCO, JORGE E ESQ.
1401 PONCE DE LEON BLVD #202
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Jesus Salas
Street Address (P.O. Box Number is Not Acceptable)
12973 SW 112th Street, #135
City
Miami **FL** Zip Code
33186

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 \$900.00

10. OFFICERS AND DIRECTORS

TITLE
VD ☒ Delete
NAME
SALAS, MANUEL
STREET ADDRESS
1401 PONCE DE LEON BLVD., #202
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
PD ☐ Delete
NAME
SALAS, JESUS
STREET ADDRESS
1401 PONCE DE LEON BLVD. #202
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500048848265
03/22/05--01027--018 **\$900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
12973 SW 112 Street, #135
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3.3.05

Date

x 786.319.8000

Daytime Phone #

FILED

05 MAR 14 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT (6/04)