B 1 8 2

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000040403

1. Entity Name
ROSEMARY BARRERAS, PA

REINSTATEMENT 04-05
5/3/04 91065 -- 125.00

Principal Place of Business	Mailing Address
2231 NORTH UNIVERSITY DRIVE SUITE C PEMBROKE PINES, FL 33024	2231 NORTH UNIVERSITY DRIVE SUITE C PEMBROKE PINES, FL 33024

04042005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1601 Palm Avenue	1601 Palm Avenue
Suite, Apt. #, etc.: Suite 110 D	Suite, Apt. #, etc.: Suite 110 D
City & State: Pembroke Pines FL	City & State: Pembroke Pines FL
Zip: 33026 Country: US	Zip: 33026 Country: US

4. FEI Number: 20-0008162 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARRERAS-FREIRE, ROSEMARY
2231 NORTH UNIVERSITY DRIVE
SUITE C
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name -

Street Address (P.O. Box Number is Not Acceptable)
1601 Palm Avenue
Suite 110 D

City: Pembroke Pines FL Zip Code: 33026

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 _____ 4-4-05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition AD ROSEMARY BARRERAS-FREIRE 1601 Palm Ave Ste 110 D Pembroke Pines FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 900051345129 04/20/05--01007--017 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

FILED
APR -8 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____ President 4-4-05 954-885-5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

T. Roberts APR 10 2005

P5212

ROSEMARY BARRERAS, PA
1601 PALM AVENUE
SUITE 110 D
PEMBROKE PINES, FL 33026

APRIL 4, 2005

ENCLOSED IS THE REINSTATEMENT FOR ROSEMARY BARRERAS, PA DOCUMENT NUMBER: P03000040403. I MAILED THE 2004 FOR PROFIT ANNUAL REPORT ON APRIL 30, 2004 AND CHECK NUMBER 1042 IN THE AMOUNT OF $150.00. THE CHECK CLEARED MY BANK AND I THOUGHT THE FORM WAS FILED. WE MOVED OUR BUSINESS LOCATION AND I NEVER RECEIVED ANY OTHER CORRESPONDENCE FROM YOUR OFFICE. PLEASE WAIVE THE PENALTY AND ACCEPT THE FORM AS TIMELY FILED.

THANKING YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN RESOLVING THIS MATTER.

ROSEMARY BARRERA-FREIRE
PRESIDENT