2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN -8 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000095512

1. Entity Name
ELJO INVESTMENTS, CORP.

Principal Place of Business	Mailing Address
21415 NW 13TH CT SUITE 208 MIAMI GARDENS, FL 33169	21415 NW 13TH CT SUITE 208 MIAMI GARDENS, FL 33169

01072008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 440166 Suite, Apt. #, etc.
City & State	City & State MIAMI FL
Zip / Country	Zip 33144 / Country USA.

4. FEI Number 20-3117403 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, DORIS
21415 NW 13TH CT
SUITE 208
MIAMI GARDENS, FL 33169

7. Name and Address of New Registered Agent

Name JUAN C. ESPINOSA

Street Address (P.O. Box Number is Not Acceptable)
21415 NW 13th CT

SUITE 208

City MIAMI GARDENS FL **FL** Zip Code 33169

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

FILE NOW!!! FEE IS $300.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANCHEZ, DORIS 21415 NW 13TH CT SUITE 208 MIAMI GARDENS, FL 33169	☒ Delete	PD JUAN C. ESPINOSA 21415 NW 13TH CT. SUITE 208. MIAMI GARDENS FL 33169.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600148770B6 01/14/08--01003--025 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 01-08	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #