2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000015687 FILED JAY'S FINANCIALS, ACCOUNTING & INCOME TAX SERVICES, INC. 08 MAY -6 PH 1: 45 Principal Place of Business Mailing Address SECRETARY OF STATE 533 NE 3RD AVE., #522 533 NE 3RD AVE., #522 FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired KOWARA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAPPER, JOAN E. Street Address (P.O. Box Number is Not Acceptable) 533 NE 3RD AVE., #522 FT. LAUDERDALE, FL 33301 City 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 DATE Secretaria In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete me ☐ Change ☐ Addition TAPPER, JOAN E. NAME NAME STREET ADDRESS STREET ADDRESS 533 NE 3RD AVE., #522 CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP DΛ RILARBO COLO SAME ☐ Addition TITLE □ Defete TITLE COLE, RICARDO M. NAME NAME STREET ADDRESS 533 NE 3RD AVE., #522 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33301 ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 700128566817 05/06/08--01007--022 **30 NAME NAME STREET ADDRESS **300.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete MLE ■ Addition TITLE MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: G OFFICER OR DIRECTOR