2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED O7 SEP 19 AM 6: 59 AND PRODUIT MEAN OF STATE ESAL SERVICES, INC. Proposit Place of Business 4130 SM 110 COURT MIMAR, FL 33165 2. Principal Place of Business 4130 SM 110 COURT MIMAR, FL 33165 2. Principal Place of Business 400 Appl. F, etc. Solar, Apl. F, etc. Solar, Apl. F, etc. Solar, Apl. F, etc. Solar, Apl. F, etc. Chy 5 State A Certificate of State Desired A Certificate of State Desired September of Personal Part Acceptable MAMI, FL 33165 Robert Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Agent Name RODRIGUEZ, SEROID Save Address of Current Registered Reg	1111VIAILIII									
MAM, FL 3316S Sure, Apt. #, etc. Sure Address of Country In Countr	1. Entity Name					07 SEP 19 AM 8: 59				
MAM, FL 3316S Sure, Apt. #, etc. Sure Address of Country In Countr	Principal Place of Business	i	Mailing Address			-	TALL SHAC	2000 ELADIO.		
2. Principal Place of Business - No P.O. Box 9 Suite, Apri 4, etc. Suite, Apri 4, etc. City & State Sine Address of Current Registered Agent Name Name Name Name Name Name Sine Address in P.O. Box Number is Not Acceptable) Name Sine Address in P.O. Box Number is Not Acceptable) City FL 2p Code 8. The above named entry submits this stategree for the purpose of charging its registered Agent depends agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept me obligations of registered agent, or both, in the State of Florida. State of Florida. State of Florida. Lam familiar with a company and accept me obligations of registered agent, or both, in the State of Florida. State of F	4130 SW 110 COURT		4130 SW 110 COURT				1.575117411143	DEL, FLORIDA	4	
Suite. Apt #. etc. Suite. Apt #. etc. Suite. Apt #. etc. Death STATE NICOLOGS (1007) Suite. Apt #. etc.	MIAMI, FL 33165		MIAMI, FL 33165							
Suite. Apt #. etc. Suite. Apt #. etc. Suite. Apt #. etc. Death STATE NICOLOGS (1007) Suite. Apt #. etc.						/ 188 88 11	. 	1210 1201 1211 1421 1421 1541	(851 () (68)	
City & State City & State City & State City & State A, FEI Number Application For Applica	2. Principal Place of Busine	ess - No P.O. Box #	3. Mailing Address			I IBANBAN N	I BRIIN AFFII BRIII BAIN ABEN AB	riya tinin linin tikli tonsi ktal		
20 Country Zip Country S. Country	Suite, Apt. #, etc.									
S. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, SERGIO 3947 S. W. 97H AVENUE Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits his statisgness for by our ose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept five obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Pageura, you do a orane. Who shipfures copy not set a rectulation ARTHER HOWITH FEEL 19 \$10.00 ARTHER HOWITH FEEL 19 \$10.00	City & State		City & State							
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, SERGIO 3947 S.W. 99TH AVENUE MIAMI, FL 33165 City FL City FL Zip Code 8. The above named entity submits this allagree for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE 19 \$19.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT. Must RODRIGUEZ, SERGIO MAM, FL 33165 Delite INIT. MMA RODRIGUEZ, SERGIO MAM, FL 33165 Delite INIT. MMA SIRET ADDRESS OTH-51-2P INIT.	Zip	Country	Zip Coun		itry			_ \$8.75 Add		
Name Street Address (P.O. Box Number is Not Acceptable)		•				5. Certificate	of Status Desired			
Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. 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 and the statement of the purpose of changing its registered agent and the statement of registered agent and the statement of the purpose of changing its registered Agent agent are required them introduced the networking agent a	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Regi	stered Agent		
Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code File Zip Code File Zip Code Since Address (P.C. Box Number is Not Acceptable) File Zip Code File Zip Code File Zip Code File Zip Code In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. File Zip Code File Zip Code File Zip Code In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. File Zip Code File Zip Code In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice. File Zip Code File Zi					Name				1	
MAMI, FL 33165 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE PURPOSE, hydror or crises liths in hydrore agent and as a sockasis. MOTE Registered Agent from the state of Florida. I am familiar with, and accept the obligations of registered agent. ONT - 10 - 1					Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code 8. The above named entity submits this statisment for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. It am familiar with, and accept the obligations of registered agent. SIGNATURE Code				Street Address (1.0. Dox Martico 10 110. Abdoptable)						
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 Fonda. I am familiar with, and accept the obligations of registered agent. Comment Com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1					
8. The above named entity submits this statement for the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Compare					City	 		Zip Code		
SIGNATURE PILE NOWIII PEE IS \$150.00 After January 1, 2008, Pee will be \$300.00	4 7				L			· — 1		
SIGNATURE Superara, speed or prises of the of Systems appell and life if acplication. (NOTE: Registered Agent dignature required when relocation) OATE										
FILE NOWIII PEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS IN 11 TITLE DPTS RODRIGUEZ, SERGIO MIAM, FL 33185 TITLE MIAM, FL 33185 TITL										
FILE NOWIII FEE IS \$150.00 After January 1, 2008, Pee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME RODRIGUEZ, SERGIO SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P T										
After January 1, 2008, Pee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ROORIGUEZ, SERGIO 3947 S.W. 99TH AVENUE STRET ADDRESS CITY-ST-2P MIAMI, FL 33165 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAME STRET ADDRESS CITY-ST-2P MIAMI, FL 33165 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAME STRET ADDRESS CITY-ST-2P TILE MAME STRET ADDRESS		Y	100000000000000000000000000000000000000							
TITLE NAME RODRIGUEZ, SERGIO SIRET ADDRESS CITY-ST-ZP STEET ADDRESS CIT	, , , , , , , , , , , , , , , , , , ,									
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP STRE	10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECTORS	IN 11	
STREET ADDRESS CITY-ST-ZP MIAMI, FL. 33165 STREET ADDRESS CITY-ST-ZP MIAMI, FL. 33165 STREET ADDRESS CITY-ST-ZP MAME STREET ADDRESS CITY-ST-ZP STREET AD						[
MILE Delde TITLE NAME STREET ADDRESS CITY-ST-ZP					_	300109656033				
TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Del						09/19/0701040003 **150.00 [
NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRES			□ Daloto					☐ Channe	☐ åddition	
CITY-ST-ZP Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele					· [
CITY-ST-ZP Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele	1			STRE	EET ADDRESS				³ 70	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CITY-ST-ZIP	TY-ST-ZIP			- ST- ZIP	03/13/0/ 01070 007 ***0.13				
STREET ADDRESS CITY-ST-ZIP TITLE Delete	TITLE	_	☐ Delete	TITL	Ε			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 activess, with all other like empowered.	1	12	61.		1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 trustepe empty feed 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.		Λ)	9/2/							
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 trustage empoyered 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 activess, with all other like empowered.		<u></u>	<u> </u>						- Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in 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 actives, with all other like empowered.	1	- 1	∟ Delete		i i			Cuarge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TOTALE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 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 advicess, with all other like empowered.	· •	•			- 1				ţ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acturess, with all other like empowered.	CITY-ST-ZIP			CITY	'-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. 1 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 acturess, with all other like empowered.	TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acturess, with all other like empowered.	·				I					
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acturess, with all other like empowered.										
NAME STREET ADDRESS CITY-ST-ZIP 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 empoyered 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 accuracy with all other like empowered.		· · · · · · · · · · · · · · · · · · ·		-						
STREET ADDRESS CITY-ST-ZIP 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 empoyered 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 actuess, with all other like empowered.			∐ Delete					☐ Change	MADDITION	
CITY-ST-ZIP 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 empoyered 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 actuess, with all other like empowered.	· •				I					
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 empoyered 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 accuracy with all other like empowered.	1				1				1	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or 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 acturess, with all other like empowered.	12. Thereby certify that the	information supplied wit	h this filing does not qualify for	or the ex	emptions contained	in Chapter 119	9, Florida Statutes, I furi	ther certify that the in	formation	
CICNATURE. ()9-16-07	indicated on this renor	t or supplemental report i	is true and accurate and that i	ทาง รเดกส	iture shall have the :	same legal ette:	ci as il made under dati	n: that I am an officer	or airector i	
SIGNATURE: 09-16-07 SUCHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone 4	changed, or on an atta	ichment with an activess,	th all other like empowered	l.		, omiu	out acres man my marrie a			
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	0101:17:		, , , , , , , , , , , , , , , , , , ,				9-16-07	P	i	
	SIGNATURE: _	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR	$\overline{}$	Date	Daytime Phone 4		
v r		- V 7							j	