2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FILED					
DOCUMENT # 304313 1. Entity Name								•	, =			
A & A OP	TICAL IN	IC					2007 OCT 12 AMII: 16					
Principal Place of Business Mailing Addre							1	SECRE TALLAH	TARY	JF STAT	L Dr	
2364 S. W. 8TH ST				2364 S. W. 8TH ST				TALLAF	IASSEE		U >-	
MIAMI, FL 33135				MIAMI, FL 33135				RIII BIBBB IIIZI BIBBB IBI	#1821 83811 818 ¹	II BUBUH BURUK BUGA		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc. City & State			10052007	REIN-P	CR2E	098 (1/07)	aliad Car	
City & State				, , , , , , , , , , , , , , , , , , ,			4. FEI Number 59-1142			No	plied For Applicable	
Zip	Country			Zip	Coun	ıry		of Status Desired	ا	\$8.75 Addi Fee Required		
	6. Name	and Address of 0	Current Re	gistered Agent		7. Name and Address of New Registered Agent Name						
MILLARES, RAFAEL 6508 CABALLERO BLVD CORAL GABLES, FL 33146						Street Address	street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES, FL 33140						0:						
					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.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
10. OFFICERS AND DIRECTORS 1							ADDITIONS/0	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE	Р			☐ Delete	THU	E				☐ Change	Addition	
NAME STREET ADDRESS		S, RAFAEL 8TH STREET		NAME SIREET ADDRESS			E.C)(^)1 1 (^)	200 <u>0</u> 0	21 C		
CITY-ST-ZIP	2364 SW 8TH STREET MIAMI, FL 33135					-SI-ZIP	10/12	0 0110 7 /0701009	i010	* <u>**150</u>	.00	
TITLE	S			☐ Delete TITL		l l				Change	Addition	
NAME STREET ADDRESS	MILLARES, SABA 2364 SW 8TH ST			NAM STRI		ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33135				CITY	-ST-ZIP						
TITLE				☐ Delete	RILL NAM	1				Change	Addition	
NAME STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP				<u></u>		
TITLE NAME				Delete	TITL					Change	☐ Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						- S1- ZiP						
TITLE NAME				Delete	TITL NAM					☐ Change	☐ Addition	
STREET ADDRESS	1					ET ADDRESS						
CITY-ST-ZIP				☐ Delete	THTL	-ST-ZIP				☐ Change	Addition	
NAME				☐ Detete	NAM					Grangs		
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- 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 address, with all other like empowered.												
SIGNATURE: X Last W/ill W/8/07												
CICITAL	JIKE. 4	SMATURE AND T	Y ED OR PRI	TED NAME OF SIGNING OFFICE	ER OR DIREG	JOR	· · · · · · · · · · · · · · · · · · ·	Date	D	Daytime Phone #		

10/12