2004 FOR PROFIT CORPORATION REINSTATEMENT

	1/211/4/17							a-,	1.716		
DOCUI 1. Entity Nam FEMY DR						ECRETAF SION OF NOV -2					
Principal Place	e of Business	Mailing Address					•			• • •	
9884 SW 40 ST 9884 SW 40 ST											
MIAMI, FL 33165 MIAMI, FL 33165											
	•					1 200 113 113 113		13 ALBIE CHAN BIAN	61811 21811 618	 	
2. Principal Place of Business 3. Mailing Address											
The state of the s						1 103119 31110	MILLE HERBE HERE HERBE		UILU SION B <u>i</u> a		
Suite, Apt.	#, etc	Suite, Apt. #, etc.			10202004	REIN-P	CBSEO	98 (6/04)			
Ole A Ole		Girls & Oracle					· · · · · · · · · · · · · · · · · · ·	0.220			
City & State		City & State				4. FEI Numbe 59-200			<u> </u>	oplied For ot Applicable	
Zip Country		Zip Coun		ıtry		f			8.75 Ack		
						5. Certificate	of Status Desired		ee Require		
6. Name and Address of Current Registered Agent						7. Name and	Address of New F	Registered A	gent		
Name								**		2	
AULET, JUAN Street AG					ddress (I	dress (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33165								 			
	•										
				City				FL	Zip Cod	e	
B. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or	register	ed agent, or bot	h, in the State of Fi	orida. I am fa	I Imiliar with,	and accept	
the obligat	lons of registered agent.	. ,	•		•				····,	-	
SIGNATURE.											
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Register	nd Agent signe	ntuper enutr	red when reinstating)		DATE			
FILE NOWIN FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00					الرار قامراً خلاسة الرار خلاسة	S STAPA CO WEST	In accordance corporation did	with s. 607, not receive	193(2)(b), the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		16 F 1 F 1		CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITL	E		<u> </u>			☐ Change	Addition	
NAME	AULET, JUAN		NAM	Œ							
STREET ADDRESS CITY-ST-ZIP	9884 SW 40 ST.			EET ADDRESS							
	MIAMI, FL 33165	F3	_	r-ST-ZIP							
' YTTLE NAME	AULET, JINNY M	☐ Delete	TITL						☐ Change	Addition	
STREET ADDRESS	9884 SW 40 ST.			EET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33165		CITY	-ST-ZIP							
TITLE	SD	☐ Delete	TITL	E STD	CAS	TRO, AN	IGEL M		Change	Addition	
NAME	CASTRO, ANGEL M		NAM	Œ	988	4 S.W.	40th ST	REET			
STREET ADORESS City+St-Zip	9884 SW 40 ST.			EET ACOURESS	MIA	MI, FLO	ORIDA 33	165			
	MIAMI, FL 33165	<u> </u>		-ST-ZIP	1 m 2		A_25	·			
TITLE NAME	TD CASTRO, ORESTE	Detete	TITE.		ĺ				Change	Addition Addition	
STREET ADDRESS	3391 S.W. 132ND AVE.			EET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33175			r-ST-ZIP							
IIILE		☐ Delete	tm	£					☐ Change	☐ Addition	
NAME	·		NA	Æ							
STREET ADDRESS		•		EET ADDRESS							
CITY-ST-ZIP			_	?-ST-Z1P	ļ						
TITLE NAME		☐ Delete	TITL		}	81	0 0042 2/040106	4086	Change	Addition	
STREET ADDRESS				EET ADDRESS		11/02	2/040106	3015	**150	0.00	
CITY-ST-ZIP	ļ			r-ST-ZIP.							
12. I hereby	certify that the information supplied with	this filing does not qualify fo	or the exe	emption stat	ted in Se	ection 119.07(3)	(i), Florida Statutes.	I further certi	fy that the i	information	
indicated of the co	certify that the information supplied with ton this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that o owered to execute this report	my signa t as requ	ature shall h iired by Cha	ave the apter 607	same legal effec 7, Florida Statute	ot as if made under es; and that my nan	oath; that I ar ne appears in	n an officer Block 10 c	r or director or Block 11 if	
changed	, or on an attachment with an address,	with all other like empowered	i.	=		Ť	, ,			••	
SIGNAT	rure: 4111	ANREI M	1. C	ASTK	0	101	122/04	~			
	SIGNATURE AND TYPED OR	PRINTED HAME OF SHANING OFFICE	OR DIREC	TOR			Date	De	ytime Phone #		
								··	-i		