2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 676867

Entity Name: CARBEN, INC.

Title:

Name:

Address:

City-St-Zip:

PG

PELAYO, AMERICA

MIAMI, FL 33126

8600 NW 17TH STREET

(X) Delete

FILED Oct 27, 2008 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
	17TH STREET					
130 MIAMI, FL	33126 US					
Current Mailing Address:				New Mailing Address:		
8600 N.W. 17TH STREET.				8600 N.W. 17TH STREET.		
130 MIAMI, FL 33126			130 MIAMI, FL	130 MIAMI, FL 33126 US		
FEI Number:	59-2127845	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desire	∍d (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT	DRATION SYST FH PINE ISLAN ON, FL 33324					
The above in the State		ubmits this statement for the pu	rpose of changing	its registered o	office or registered agent,	or both,
SIGNATUR	RE: RINA DAN	IELSON				
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	(2)(b), F.S., the corporation did not Trust Fund Contribution ().	·		TO OFFICERS AND DI	DECTORS.
OFFICERS	S AND DIRECT	UKS:	ADDITIO	NS/CHANGES	TO OFFICERS AND DI	RECTURS:
Title: Name: Address: City-St-Zip:	C () E PAIZ, FERNANDO 12 CALLE 1-80, Z GUATEMALA CIT	ZONA 9	Title: Name: Address: City-St-Zip:	`) Change () Addition	
Title: Name: Address: City-St-Zip:	D () E FRIJTERS, HENE 12 CALLE 1-80, 2 GUATEMALA CIT	ZONA 9	Title: Name: Address: City-St-Zip:	SUCRE, ROBE 12 STREET 1-	28 ZONA 9, MOL BLDG	
Title: Name: Address:	PAIZ, JOSE CAR 12 CALLE 1-80 Z	ONA	Title: Name: Address: City-St-Zin:	PELAYO, AME 8600 N.W. 17	STREET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AMERICA PELAYO PG 10/27/2008

() Change () Addition