

2008

**FOR PROFIT CORPORATION
REINSTATEMENT**APPROVED
AND
FILED

08 MAR 11 AM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AS 3-19-08



95242007 REIN R CR2E098 (1/07)

REINSTATEMENT
4. Per Number 59-2603694
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIRGINIA A BALLESTERO-RODRIGUEZ
3016 E COLONIAL DR
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name John A. Taylor
Street Address (P O Box Number is Not Acceptable)
1325 Colonial Drive

City Orlando FL Zip Code 32804

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 NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE Pres., Sec. Treas. Director ☐ Delete
NAME Virginia A. Ballestero-Rodriguez
STREET ADDRESS 3016 E. Colonial Drive
CITY-ST-ZIP Orlando, FL 32803TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300118136383
CITY-ST-ZIP 02/15/08--01025--009 **900.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300118136383
CITY-ST-ZIP 03/11/08--01008--003 **150.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-08 407-894-9056