## 2007 FOR PROFIT CORPORATION REINSTATEMENT

			1017										
DOCUI 1. Entity Nami RESPA C	29				FILED 07 SEP 24 PM 4: 19								
Principal Place of Business Mailing Address									PLONGIANT OF STATE				
163 W 24TH ST 163 W 24TH ST									TALLAHA	SSFE.F	ELORIDA		
HIALEAH, FL 33010 HIALEAH, FL 33010													
									1 100 DE 18119 10110 1101 <b>0</b> 1 <b>0</b>	II <b>818</b> 11 <b>818</b> 11 <b>8</b> 3	:EN E164 E16N E16:	MARL II ISBI	
Principal Place of Business - No P.O. Box #     Mailing Address													
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1751 S Suite, Apt.		51.		1751 SW 24 ST. Suite. Apt. #, etc.				BEILL	ATAPPEN	۳ L 1 م	. ^	^	
Solie, Apt.	., 010.			Suite, Apt. #, cic.				00202001	STMFENI	- NOR2I	≣098 (1/ <b>97)</b>	•	
City & State	<del></del>			City & State				4. FEI Numb			1	piled Fer	
MIAMI, FL				MÍAMI, FL				65-012	4639		No	t Applicable	
Zip				Zip	itry	5. Certificate of Status De-			red 🔀 \$8.75 Additional				
33145	5 USA					SA .			or Status Desired	JAL.	Fee Require	d	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
Name									P DETMONDEZ				
TEHROTOBEZ, SOCE								SE REIMONDEZ ess (P.O. Box Number is Not Acceptable)					
1751 SW 24TH ST HIALEAH, FL 33010							1751_SW 24_ST.						
						City	MT 3 M	· <del>-</del>			Zip Code	e	
						'	MIAM			Fl	<u>-   331</u>	45	
	named entity ons of registe		tatement for the	he purpose of changing its	s register	ed office o	r register	ed agent, or bo	oth, in the State of Fl	orida. 1 am	familiar with,	and accept	
the obligati	ons or regist	ered agent.	2.1	dast					13/	ha	/a >		
SIGNATURE_		or /	1 em	onell						[SO]	0/		
	Signature, typed	or printed name of re	g stered agent and	Itale if applicable (NOT	FE: Register	ed Agent sign	ature require	ed when reinstating	·	D <b>≰</b> TE			
### ### ##############################													
10.		OFFI	CERS AND DI	RECTORS	11.			ADDITIONS	/CHANGES TO OFF	FICERS AN	D DIRECTORS	S IN 11	
TITLE	PD			☐ Delete	TITL	E	PD				Change	☐ Addition	
NAME	REIMONDEZ, JOSE					l .	MONDEZ	JOSE					
STREET ADDRESS	1751 SW 24 ST					EET ADDRESS	175	1 SW 2 MI, FL	4 ST.				
CITY-ST-ZIP	MIAMI, FL				CITY	'-\$1-ZIP			33145				
TITLE		1		☐ Delete	THI		VST				☐ Change	<b>▼</b> Addition	
NAME STREET ADDRESS		th.	1 1		NAM	eet address	REIN	MONDEZ, 1 SW 24	LILLIAN				
CITY-ST-ZIP		(1319	125		_	-ST-ZIP	1						
		41	<u> </u>	f"l p	1111		MILAR	MI, FL	33145		☐ Change	Addition	
TITLE NAME			•	- Delete	NAM			=	00109	مصم		☐ Addition	
STREET ADDRESS						EET ADDRESS			67070103			. 75	
CITY-ST-ZIP					CITY	-ST-ZIP		Safetil law	uru, uzuu-	سدي د	77130	• ; •	
TITLE				☐ Delete	TITL	E .		****			☐ Change	☐ Addition	
NAME					NAM						-		
STREET ADDRESS					STAI	EET ADDRESS							
CITY-ST-ZIP					CITY	-SI-ZIP							
TITLE				☐ Delete	TITL						☐ Change	☐ Addition	
NAME					NAM								
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITL	-					Change	Addition	
NAME					NAM								
STREET ADDRESS CITY-ST-ZIP						ÉET ADDRÉSS '-ST-ZIP							
12. Thereby 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 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													
of the corr	coration or th	e receiver or tr	ustee empow	ered to execute this repor th all other like empowered	t as requ	ired by Ch	apter 607	7, Florida Statut	es; and that my nan	ne appears	in Block 10 or	r Block 11 if	
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SIGNATURE: 4 Fore Remonder 09/00/07 76-232-2448													
		SIGNATURE AN	D TYPED OR PRI	nted name of signing officer ez. Preside	or DIREC	TOR			Date		Daytime Phone #		
		uuse Ki	- THICHIC	<del>ce, reside</del>	***								