
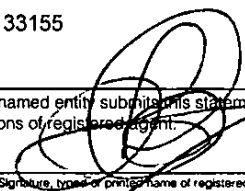



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 26 AM 8:33

DOCUMENT # L03000033822 1. Entity Name CORINCAS LLC					
Principal Place of Business 9701 SW 130 STREET MIAMI, FL 33176 US			Mailing Address PO BOX 430255 SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business 13642 Fox Glove Street		3. Mailing Address 13642 Fox Glove St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Garden, FL		City & State Winter Garden, FL		09282005 REIN-LLC CR2E101 (6/04)	
Zip 34787		Country USA		4. FEI Number 20-0436390	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, RAFAEL J 4143 SW 74 COURT SUITE C MIAMI, FL 33155			7. Name and Address of New Registered Agent Name <u>Jose manuel</u> Street Address (P.O. Box Number is Not Acceptable) <u>10240 SW 135 Street</u> City <u>miami</u> FL Zip Code <u>33186</u>		
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  (NOTE: Registered Agent signature required when reinstating) DATE <u>10/24/05</u>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANUEL, JOSE 10240 SW 135 ST MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060950175 10/26/05--01033--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN GLASER 13643 Fox Glove Street Winter Garden, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN GLASER 13643 Fox Glove Street Winter Garden, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <u>10/24/05</u> Daytime Phone # <u>407-905-7634</u>		