

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 26 AM 8:33



<b>DOCUMENT # L03000033822</b> 1. Entity Name <b>CORINCAS LLC</b>		
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 Suite, Apt. #, etc.	3. Mailing Address 13642 Fox Glove St Suite, Apt. #, etc.	
City & State Winter Garden, FL		4. FEI Number 20-0436390
Zip 34787	Country USA	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: Jose manuel Street Address (P.O. Box Number is Not Acceptable): 10240 SW 135 Street City: miami FL Zip Code: 33186
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		DATE 10/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGRM NAME: MANUEL, JOSE <input type="checkbox"/> Delete STREET ADDRESS: 10240 SW 135 ST CITY-ST-ZIP: MIAMI, FL 33186	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 500060950175 STREET ADDRESS: 10/26/05--01033--001 CITY-ST-ZIP: **50.00	
TITLE: MGRM <input type="checkbox"/> Delete NAME: John Glaser STREET ADDRESS: 13643 Fox Glove Street CITY-ST-ZIP: Winter Garden, FL 34787	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: REINSTATEMENT STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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: 10/24/05 Daytime Phone #: 407-905-7634
Signature, typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #