2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINƏTATEMENT										
DOCUMENT # M28537										
1. Entity Name POTPOUF					07 OCT 12 PM 1:17					
Dispisal Diago	al Punishin	Muhua Addrani		1000	-	SECH TALLAHA	11	TATE		
Principal Place 12400 CROTO		Mailing Address 12400 CROTON ROAD			TALLAHA	SSEE, FL	ORIDA			
	, FL 33181-2632 US	NORTH MIAMI, FL 33181-2632 US								
)		J e ren eren 1180 i		1836 ITEI	
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			10052007	REIN-P	CR2E09	98 (1/07)		
City & State		City & State			4. FEI Number 59-266			\rightarrow	plied For	
Zip Country		Zip Coun		Irv		of Status Desired	Not Applicable sired \$8.75 Additional		itional	
	6. Name and Address of Curren	t Registered Agent		1		Address of New F	- 16	e Required	,	
	6. Name and Address of Current	r registered Agent		Name	1. 144116 4110	Address of New P	redistaten võ	orit		
LARA, JER	RY R DTON ROAD			Street Address ((P.O. Box Number is Not Acceptable)					
	AMI, FL 33181-2632									
				City				7:- 04		
				City	-//		FL	Zip Code		
	named entity submits this statement to ons of registered agent	or the purpose of changing its	register	ed office or register	red agent for bol	th, in the State of Flo	orida. Tam far /	ग्गीiar with, i	and accept	
SIGNATURE		Jerry Lo	iro	L	Il an	a) /	10[5]	07	1	
SIGNATURE	Signature, typed or printed name of registered agen		E: Register	ed Agent signature reguli	rea when reinstating)		DATE	/_		
	E NOW!!! FEE IS \$150.00 pary 1, 2008, Fee will be \$300.	00				In accordance corporation did				
10.	OFFICERS AND	L D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND D	IRECTORS	3 IN 11	
	PD	Delete	1011	i			Į	Change	Addition	
	LARA, JERRY R 12400 CROTON ROAD		NAM STRE	eet audress	120	70110	7995]	
CIFY ST ZIP	NORTH MIAMI, FL 331812632		CITY	S1 /IP	10712	<u>//0701027</u>	018	<u> </u>	.00	
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TITLE	KEINSIA	P. J. P. R. J. Dololo	- 1111] Change	☐ Addition	
NAME JANAN		1-	NAM	1F						
STREET ADDRESS CITY ST-ZIP	וומ	0-07		ET ADDRESS -ST-7IP						
nut		Delete	DIL	<u> </u>			[Change	Addition	
NAM!			NAM	i						
STREET ADDRESS CITY ST ZIP				EF1 ADDHESS - SI - ZIP						
	ertily that the information supplied wil	th this filing does not qualify lo	!		in Chapter 119	, Florida Statutes, I	further certify	that the in	formation	
indicated of the corp	ertify that the information supplied with on this report or supplemental report operation or the receiver or trustee empty and the supplemental report on the receiver or trustee empty.	is true and accurate and that reported to execute this report	ny signa as requi	iture shalfhave the ired by Chapter 60	same legal effec 7, Florida Statute	ot as if made under es; and that my nam	oath; that I am le appears in I	an officer Block 10 or	or director Block 11 if	
changed,	or on an attachment with an address	, with all other like empowered	1.	1	> /	2/-/-	200	" 17 cs .	200	
SIGNAT	URE:UErr	y rara		jara		715/07	100	170	1-804	
	SIGNATURE AND TYPED OR	REPRINTED NAME OF SIGNING OFFICER	UR DIRECT	IOR		Oate	Da≠	mine Priotic F	j	