2004 FOR PROFIT CORPORATION REINSTATEMENT

		112111017	~			-			
1. Entity Nam	ie	# M58886 AL CORP.	į				FILED 04 DEC 27 PM 3:07		
							•		
Principal Plac	e of Busines	s	Mailing Address		:	\cap	SECRETARY OF STATE		
1420 COLLIN	VS AVE		5890 SW 8TH ST		7		TALLAHASSEE, FLORIDA		
MIAMI, FL 33138 US			MIAMI, FL 33144	US		Mrs.			
						1000000	TO HELD TO THE STATE OF THE BOTH OF THE PROPERTY OF THE PROPER		
2. Principal Place of Business			3. Mailing Address						
			`			DE	MCTATEMENTO		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1 232004	1450mm 160mm 160m	1.4	
City & State			City & State			-4. FEI Numbe	Applied For	MOP	
						65-006	Not Applicable		
Ζip		Country	Zip	Coun	ntry .	5. Certificate	of Status Desired S8.75 Additional Fee Required		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
VALDES, 0	ORI ANDO).l := :=	المحال والمساح الأراد	_	Name		المنافي المساور المنافي المساور		
9551 SW 5	6 CT	•	Street Add		Street Address	(P.O. Box Numbe	er is Not Acceptable)		
CORAL GABLES, FL 33156									
					City		FL Zip Code		
9 The above	camed entit	by cultimite this statement for	or the purpose of changing it	c register	ed office or registe	red agent, or hot			
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.									
PICALITHOS									
SIGNATURE Signature: typed or prished retine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		FEE IS \$150.00 105, Fee will be \$300.1					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
				T 44		* DOITION O	COLLANDED TO DEFINE DE TAND DIDE OXODO II.		
TITLE	PD	OFFICERS AND	Delete	11.		ADDITIONS/	CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition		
NAME		ORLANDO J.	Delete	NAM	1	_			
STREET ADDRESS	9551 SW	56 CT			eet address	1777771A==1189=1819 &&198 00 1			
CITY-ST-ZIP	MIAMI, F	L 33156	<u> </u>	-	/-SI-ZIP	1 tm/ tm			
TITLE NAME	VALDES	GLADYS	☐ Delete	TITU NAM	I		Change Addition		
STREET ADDRESS	9551 SW				EET ADDRESS				
CITY-ST-ZIP	MIAMI, F	L 33156		_City	/-ST-ZIP				
TITLE			☐ Delete	TITL			. Change Addition		
NAME STREET ADDRESS				NAM	re Eet address				
CITY-SI-ZIP	ļ				(+SI-ZIP				
TITLE-		-	- Delote	TITL			Change Addition		
NAME	1			NAM	l l				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP				
TITLE	-		☐ Delete	TITL			Change Addition		
NAME			C Delete	NAM	1		L Overige Addition		
STREET ADDRESS		•			EET ADDRESS				
CITY-ST-ZIP					r-ST-ZIP				
THTLE NAME			☐ Delete	TITL			Change Addition		
STREET ADDRESS					FET ADDRESS				
CITY+S1-ZIP				CITY	(-\$I-ZIP				
12. I hereby	certify that th	ne information supplied wit	th this filing does not qualify f	or the exe	emption stated in S	ection 119.07(3)((i), 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 it changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:									