DEC-30-2008 13:13 KANE & COMPANY, P.A. 3053715[illegible] P.02

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M71281

Name
C AND A CORPORATION

FILED
09 JAN -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
10220 SW 87 ST MIAMI, FL 33173 US	10220 SW 87 ST MIAMI, FL 33173 US

2. Principal Place of Business - No P.O. Box #
Street Address
Suite, Apt. #, etc.
City & State
Country
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Country
Zip
Country

4. FEI Number
59-2678652

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, APRIL D
10220 SW 87 ST
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL

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 aware of the obligations of registered agent.

SIGNATURE: [signature] DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., this corporation did not receive the prior notice

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
DPS BOHATCH, APRIL D 10220 SW 87 ST MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
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I hereby certify that the information supplied with this filing 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 a director or officer 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 changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: [signature] DPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date