2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

06 DEC 15 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11292006 REIN-NP CR2E099 (11/05)

DOCUMENT # N05000004081

1. Entity Name
LOS OLVIDADOS INC

Principal Place of Business	Mailing Address
1925 SW 3 ST 6 MIAMI, FL 33135	1925 SW 3 ST 6 MIAMI, FL 33135

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 14-1938199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, ARMESTO 1925 SW 3 ST 6 MIAMI, FL 33135	Name RODRIGUEZ & CASAS, INC. Street Address (P.O. Box Number is Not Acceptable) c/o RODRIGUEZ & VARIANTE TAX SER 4501 Palm Ave #104 City Hialeah FL Zip Code 33012

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 Mario Rodriguez MarioRodriguez 11/15/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, T SUAREZ, ARMESTO 1925 SW 3 ST MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.T. ARMESTO SUAREZ. 1925 SW 3 ST. MIAMI, FL 33135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOSQUERA, CARLOS 480 NW 51 AVE MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP.T CABEZA ARNALDO 2244 SW 9 ST. #11 Miami, FL 33135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC HERNANDEZ, LEONARDO 1100 W 27 ST . APT 3 HIALEAH, FL 33010	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer ANDRES SUAREZ 709 W. 35 ST. Hialeah FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CABEZA, ARNALDO 2339 LEJUNE RD MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ORLANDO MOLINA 45 West 10 ST. #13 Hialeah, FL 33010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director IVANA GUEDEZ 1005 W 76 ST. #104 Hialeah FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100082555711 12/15/06--01004--019 **70.00	☐ Change ☐ Addition

12. 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 empowered.

SIGNATURE: Armesto A. Suarez 11/15/2006 305 541-5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #