2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P00000002226** 1. Entity Name 07 MAR 19 AM 8: 08 CARLOS DE LA OSA, C.P.A., P.A. SECRETARY OF STATE TALLAHASSIE, FLORIDA Principal Place of Business Mailing Address 5001 S.W. 74TH COURT 5001 S.W. 74TH COURT SUITE 202 SUITE 202 MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 65-0973492 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE LA OSA, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 5001 S.W. 74TH COURT SUITE 202 MIAMI, FL 33155 City Zip Code FL 8. The above named entity submits this 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 agen SIGNATURE Signature, typed or printed na agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE TITLE Detete Change Addition DE LA OSA, CARLOS NAME NAME STREET ADDRESS 5001 S.W. 74TH COURT #202 STREET ADDRESS 267 Minorca Ave #200 CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP Coral Gables, F133134 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE Delete IIIE Change Addition 400095164244 03/28/07--01036--017 **30 NAME NAME STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 except 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 empowered. SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone