

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 12 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162007 REIN-P CR2E098 (1/07)

4. FEI Number
01-0720784

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

RIVERA, WILLIAM
1212 SANDESTIN WAY
ORLANDO, FL 32824

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/07

DATE

FILE NOW!!! FEE IS \$900.00

400093254794
03/16/07--01015--016 **908.75

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERA, WILLIAM	
STREET ADDRESS	5448 HOFFNER AVE, # 203	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAVES, ROSA E	
STREET ADDRESS	5448 HOFFNER AVE, # 203	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

DATE

407-382-9353

DAYTIME PHONE #

3/13/00