2004 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P0000018840 | | | | | | FILED 04 OCT 18 AM 8: 44 | | | |
|--|--|-----------------------------|---|--------------|---|--|--|---|--|
| Principal Place of Business Mailing Address 1136 COLLINS AVENUE 1136 COLLINS AVENUE MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 | | | | | US | | SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA | | |
| 2. Principal Place of Business 1639 WASLING FON AUG 3. Mailing Address 1639 WASLING FON | | | | | aus: | | | | |
| Suite, Apt. | # ALC | #201 | Suite, Apt. #, etc. #201 | | | | TO SECOND FOR THE PROPERTY (6/04) | | |
| City & State MIAMI BEACH, FLORIDA | | | City & State MIDMI BEACH, FLODIOD | | | | 4. FEI Number Applied For State Of Applied For Not Applied For Not Applied For Not Applied For Applied | | |
| Zip 33/39 | | Country USA | Zip 33/39 | Coun | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| BEVILACQUA, JOSEPH | | | | | Name MORN SERVICES ACCOUNTING & PA. | | | | |
| 1136 COLLINS AVENUE MIAMI BEACH, FL 33139 | | | | | Street Address (P.O. Box Number is Not Acceptable) 1550 WEST EY THE STREET . 1000007437 | | | | |
| City HIAI | | | | | | IAIE | SAW, Florion FL Zio Code 14 | | |
| 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. | | | | | | | | | |
| 10/13/04 | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | | | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. | | OFFICERS AND | DIRECTORS | . 11. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME | P HERNANI | ☐ Delete | TITLI NAM | ľ | HE | PNANDEZ OSWALOO Change Addition | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS - ST-ZIP | 16: M10 | MI BERRITORION AUG #201 | | |
| TITLE | S Delete TITL | | | | | 2 | SUITA CQUÁ JOSEPH · AChange Addition | | |
| NAME STREET ADDRESS | BEVILACQUA, JOSEPH 1136 COLLINS AVENUE | | | | E \$ | 1639 WASHINGTON ALE # 201 | | | |
| CITY-ST-ZIP | 1136 COLLINS AVENUE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP | | | | | MI | DAY BEDCH, Florido 39189 | | |
| TITLE NAME | ☐ Delete TITLE NAME | | | | | | ☐ Change ☐ Addition | | |
| STREET ADDRESS | | | | | STREET ADDRESS 10/18/0401068020 **15U.UU | | | | |
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| NAME | } | | L_1 Ue:ete | TITL: NAM | | | ☐ Change ☐ Add:fion | | |
| STREET ADDRESS : CITY-ST-ZIP | بهضی ب | | ند از از میزنده داده در دو دهید دارد. در براند در در داد | | eet address = '-st-zip | | وية ميتمعه مد ۱۳۰۰ مخميسيا مايي نامه | - | |
| TITLE | ☐ De!ete | | | | E | · · · · · | ☐ Change ☐ Addition | | |
| NAME STREET ADDRESS | | | | NAM STRE | ie Eet address | | | | |
| CITY-ST-ZIP | | | | CITY | '-ST-ZIP | L | | | |
| TITLE NAME | | | | | | | ☐ Change ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP | , | | | | EET ADDRESS '- ST-ZIP | | | | |
| 12. I hereby | certify that th | e information supplied with | this filing does not qualify to | or the exe | motion sta | ted in Se | ection 119.07(3)(i), Florida Statutes. Liturther 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 a other like empowered. | | | | | | | | | |
| (Lhundra 10/13/04 (205)602 4500 | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Printed P | | | | | | | | | |