2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000079175

1. Entity Name
ELVIMAR, INC.

FILED
07 AUG 28 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
082220071 REIN-R . . . CR2E098 (1/07) 06-07

Principal Place of Business	Mailing Address
71 W 30 ST HIALEAH, FL 33012	71 W 30 ST HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
411 S.W. 136 CT.	411 S.W 136 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33184 Country: USA	Zip: 33184 Country: USA.

4. FEI Number: 65-1042532 ☐ 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
LLANES, JOSEFINA L 71 W. 30TH STREET HIALEAH, FL 33012	Name: GOMEZ JOSEFINA L. Street Address (P.O. Box Number is Not Acceptable): 411 SW 136 CT. City: MIAMI FL Zip Code: 33184

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 ______ DATE 8/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $600.00

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 / STREET ADDRESS / CITY-ST-ZIP	PVST LLANES, JOSEFINA L 411 SW 136TH COURT MIAMI, FL 33184 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST GOMEZ JOSEFINA L. 411 SW 136 CT. MIAMI FL 33184. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/28 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100108724391 08/23/07--01056--004 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: ______ 8/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #