Katherine Harris Secretary of State Division of CORPORATIONS FILED DOCUMENT # PO0000099242 1. corporation Name 01 NOV -8 PH 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA NOLGUIN, INC. Privision of correct information and enter correction below. Arricipal Place of Business Mailing Address Mailing Office Address, If Applicable New Mailing Office Address, If Applicable New Mailing Office Address, If Applicable New Mailing Office Address, If Applicable Street Addresses are incorrect in any way, line through incorrect information and enter correction below. New Plincipal Office Address, If Applicable Suite, Apt. #, etc. Street Addresses of Each Officer and/or Director (Forida nonprofit corporations must list at teast 3 directors) Street Addresses of Each Officer and/or Director	<u>,</u> * ~	PLEASE REA	D ALL INST	RUCTIONS	BEFORE C		ING THIS FORM.	
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In Ammes and Street Addresses of Each Officer and/or Director (Forlds nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers 3 Officer and/or Director 4 City / State / Zp PD HOLGUIN, MARIA ELENA (2103 SW, US5 LOUPE) MIAMI FL 33186 State / Zp VPD HOLGUIN, JESUS EDISON 12103 SW, US5 LOUPE MIAMI FL 33186 SD COSTALES, MARIA .1.8103 SW-105 LOUPE MIAMI FL 33186 SD COSTALES, MARIA .1.8103 SW-105 LOUPE MIAMI FL 33186 SD COSTALES, MARIA .1.8103 SW-105 LOUPE MIAMI FL 33180 B Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Neme HOLGUIN, MARIA ELENA Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) MARIN FL 33183 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Marine 13183 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Marine FL 33183 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) I. Leeing appointed the registered agent of the	Zip	*		Country	·	6:	\$8.75	dditional Fee required
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent HOLGUIN, MARIA ELENA B673 SW 137 AVENUE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Image: City State Ingrature of tegistered Agent Date Ingrature of tegistered agent The ceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that there hilling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617, C401, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature: MAMALGA Molguin						SC		
HOLGUIN, MARIA ELENA B673 SW 137 AVENUE Name MIAMI FL 33183 Street Address (P.O. Box Number is Not Acceptable) Suite; Apt. #, Etc. City City State Ingrature 2 of legisterized Agent Date Ingrature 2 of legisterized Agent Date 1. / certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						5.4. -		
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REGISTERED AGENT/MUST SIGN 1. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Manuallical Manuall	IO. I, bein	g appointed the registered agent of the	above named corpora	ation, am familiar wit	h and accept the of	bligations of Sect	, - ,	
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