2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 MAY 10 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007128

1. Entity Name
OCHUN'S IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
18400 NW 62ND AVE., #405 MIAMI, FL 33015	18400 NW 62ND AVE., #405 MIAMI, FL 33015

02192005 REIN-P CR2E098 (6/04) MRS

2. Principal Place of Business	3. Mailing Address
15942 NW 48th AVE	15942 NW 48th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33014 Country:	Zip: 33014 Country:

4. FEI Number: 65-1069093 ☐ 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
CATALA, MARTA 18400 NW 62ND AVE., #405 MIAMI, FL 33015	Name: CHOW, KWONG P. Street Address (P.O. Box Number is Not Acceptable): 15942 NW 48th AVE. City: MIAMI FL Zip Code: 33014

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: Kwong P Chow 2/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CATALA, MARTA 18400 NW 62ND AVE., #405 MIAMI, FL 33015	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHOW, KWONG P. 15942 NW 48th AVE. MIAMI, FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHOW, KWONG P 15942 NW 48TH AVE. MIAMI, FL 33014	☑ 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	800055200468 05/24/05--01076--004 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	800055200468 05/24/05--01076--005 **150.00	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kwong P Chow 2/19/05 917-803-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #