

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-04-2008 90046016 1500



10102008 REIN-P CR2E098 (1/07)

4. FEI Number 03-0376606 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASANA, WILLIAM
13294 SW 32 STREET
MIAMI, FL 33175

7. Name and Address of New Registered Agent

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)* (William Casana) 10/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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

TITLE PD ☒ Delete
NAME COLADO, YUDIT
STREET ADDRESS 13290 SW 32 STREET
CITY-ST-ZIP MIAMI, FL 33175

TITLE SVD ☒ Delete
NAME CASANA, WILLIAM
STREET ADDRESS 13294 SW 32 STREET
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☒ Delete
NAME TEJERA, GABRIEL
STREET ADDRESS 13294 SW 32 STREET
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☒ Delete
NAME CASANA, WILLIAM
STREET ADDRESS 13294 SW 32 STREET
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME CASANA, William
STREET ADDRESS 13294 S.W. 32 St.
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

RH

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)* (William Casana) 10/10/08 (786-253-8054)
Signature, typed or printed name of officer or director Date Daytime Phone #