

2004 FOR PROFIT CORPORATION REINSTATEMENT

ATTN: KATRINA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 19 PM 3:05

10/11/04 01054 020

\$150.00



10082004 REIN-P CR2E098 (6/04)

4. FEI Number
65-1091510Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, J
9450 SW 72ND STREET
SUITE # 104
MIAMI, FLORIDA, FL 33173

7. Name and Address of New Registered Agent

Name J. MONSERRAT

Street Address (P.O. Box Number is Not Acceptable)

9450 SW 72nd STREET SUITE 104
City MIAMI FL Zip Code 33173

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-8-04

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 ☐ Delete
NAME MONSERRAT, J
STREET ADDRESS 9450 SW 72ND ST STE 104
CITY-ST-ZIP MIAMI, FL 33173

TITLE Director ☒ Change ☐ Addition
NAME JAME MONSERRAT
STREET ADDRESS 9450 SW 72nd ST STE 104
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Partner ☐ Change ☒ Addition
NAME LAURIE PORTUONDO
STREET ADDRESS 9450 SW 72nd ST STE 104
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Partner ☐ Change ☒ Addition
NAME ANA TORREZ
STREET ADDRESS 9450 SW 72nd ST. STE 104
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAME MONSERRAT

10/8/04 (305) 596-0220

Date

Daytime Phone #

KPS 10/19/04