

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000067436

Entity Name  
BORN FREE FINOS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:43

Principal Place of Business  
877 SW 123RD AVE  
MIAMI, FL 33183 US

Mailing Address  
PO BOX 830594  
MIAMI, FL 33283 US

REINSTATEMENT 06



Principal Place of Business  
3045 N BEAR CANYON RD  
Suite, Apt. #, etc.

Mailing Address  
3045 N BEAR CANYON RD  
Suite, Apt. #, etc.

09182006 REIN-P CR2E098 (11/05)

City & State  
TUCSON, AZ  
Zip  
85749  
Country  
USA

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TUCSON, AZ  
Zip  
85749  
Country  
USA

4. FEI Number  
14-1853435  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DUMOIS, ANA O P  
877 SW 123RD AVE  
MIAMI, FL 33183

## 7. Name and Address of New Registered Agent

Name  
RONALD A. GUILER

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

9260 SUNSET DR. # 105

City MIAMI FL Zip Code 33173

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 Ronald A. Guiler RONALD A. Guiler 12/20/06  
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, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

0. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMOIS, ANA O P		NAME	ANA O DUMOIS	
STREET ADDRESS	5877 SW 123RD AVE		STREET ADDRESS	3045 N BEAR CANYON RD	
CITY-STATE-ZIP	MIAMI, FL 33183		CITY-STATE-ZIP	TUCSON, AZ 85749	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, SHIFRA C S		NAME	SHIFRA C GOLD	
STREET ADDRESS	5877 SW 123RD AVE		STREET ADDRESS	3045 N BEAR CANYON RD	
CITY-STATE-ZIP	MIAMI, FL 33183		CITY-STATE-ZIP	TUCSON, AZ 85749	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	300082910123	
STREET ADDRESS			STREET ADDRESS	01/02/07--01049--024 **150.00	
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	300082910123	
STREET ADDRESS			STREET ADDRESS	01/02/07--01049--025 **8.75	
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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

Armed 12/20/2006 530 749 4889