2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000076909

Entity Name: ORIGEN PLUS, CORP.

Current Principal Place of Business:

9100 S DADELAND BLVD
STE 912
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9100 S DADELAND BLVD
STE 912
MIAMI, FL 33156

New Mailing Address:

FEI Number: 14-1842571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIEDRA, AURELIO
9100 SPOUTH DADELAND BLVD, STE 912
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: AURELIO A PIEDRA

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GUGLIOTTA, PASCUALE
Address: 9741 FONTAINEBLEAU BLVD #114
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: GUGLIOTTA, TINA
Address: 9741 FONTAINEBLEAU BLVD #114
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: GUGLIOTTA, RINA
Address: 9741 FONTAINEBLEAU BLVD #114
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASCUALE GIGLIOTTA PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date