

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000086862</b> 1. Entity Name <b>NOVEDADES PLASTICAS, INC.</b>				<b>FILED</b> <b>05 OCT 10 PM 12:40</b> SECRETARY OF STATE TREASURY	
Principal Place of Business <b>3505 NW 9TH ST #3</b> <b>MIAMI, FL 33125</b>		Mailing Address <b>3595 NW 9TH ST #3</b> <b>MIAMI, FL 33125</b>			
2. Principal Place of Business <b>6151 W 24 AVE</b> Suite, Apt. #, etc. <b>106</b> City & State <b>HIALEAH FL</b> Zip <b>33016</b> Country <b>USA</b>		3. Mailing Address <b>6151 W 24 AVE</b> Suite, Apt. #, etc. <b>106</b> City & State <b>HIALEAH FL</b> Zip <b>33016</b> Country <b>USA</b>		4. FEI Number <b>03-0478024</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		10062005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent <b>VALDES, ISABEL LLEDO</b> <b>6151 WEST 24TH AVE. #106</b> <b>HIALEAH, FL 33016</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  DATE: <b>+10/07/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	DP <b>VALDES, ISABEL LLEDO</b> <b>6151 WEST 24TH AVE., #106</b> <b>HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900060456879</b> <b>10/10/05--01077--003 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			<b>ISABEL LLEDO VALDES</b> <b>10/07/05 (305) 828-0125</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		