

2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | |
|--|---|---|--|
| DOCUMENT # P02000086862 1. Entity Name NOVEDADES PLASTICAS, INC. | | | |
| Principal Place of Business 3595 NW 9TH ST #3 MIAMI, FL 33125 | | Mailing Address 3595 NW 9TH ST #3 MIAMI, FL 33125 | |
| 2. Principal Place of Business 6151 W 24 AVE Suite, Apt. #, etc. 106 City & State HIALEAH FL Zip 33016 Country USA | | 3. Mailing Address 6151 W 24 AVE Suite, Apt. #, etc. 106 City & State HIALEAH FL Zip 33016 Country USA | |
| 4. FEI Number 03-0478024 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VALDES, ISABEL LLEDO 6151 WEST 24TH AVE. #106 HIALEAH, FL 33016 | | 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: +10/07/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP | DP VALDES, ISABEL LLEDO 6151 WEST 24TH AVE., #106 HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300060456879 10/10/05--01077--003 **150.00 |
| 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 |
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| 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: | | ISABEL LLEDO VALDES +10/07/05 (305) 828-0125. | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

FILED

05 OCT 10 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

4. FEI Number
03-0478024

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

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

REINSTATEMENT 05