

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272008 REIN-P CR2E098 (1/07)

4. FEI Number 03-0480481 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LOIACANO, FERDINANDO
1895 W FLAGLER ST, STE. 265
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name LOIACANO FERDINANDO
Street Address (P.O. Box Number is Not Acceptable)
1835 W Flagler St # 201-265
City MIAMI FL Zip Code 33135

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] LOIACANO FERDINANDO 03-27-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, GUILLERMO A	
STREET ADDRESS	780 NW 42 AVENUE #420	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOIACONO, FERDINANDO	
STREET ADDRESS	780 NW 42 AVENUE #420	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOCK, BIRGIT	
STREET ADDRESS	780 NW 42 AVENUE #420	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUIS, CARMEN L	
STREET ADDRESS	780 NW 42 AVENUE #420	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800121776088	
STREET ADDRESS	04/01/08--01016--004 **300.00	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIACANO FERDINANDO	
STREET ADDRESS	1835 W Flagler St # 201-265	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCK BIRGIT	
STREET ADDRESS	1835 W Flagler St # 201-265	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS Carmen	
STREET ADDRESS	1835 W Flagler St # 201-265	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] LOIACANO FERDINANDO 03-27-2008
Signature and typed or printed name of signing officer or director Date Daytime Phone #

REINSTATEMENT 07-08^{K5}