## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| NAME SITEET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S             | 1. Entity Name                        | е  | P02000120<br>TERPRISES, IN  |  |  |            |                    | 05 H.              | TI.                                  | ( )<br>( )                | ıΩ                         |
|--|---------------------------------------|--|---|--|--|------------|--------------------|--------------------|--------------------------------------|---------------------------|----------------------------|
| Sizion, Apri, P. doi:    Country   State   Sta             | % JN ACCOUNT<br>10305 NW 4            |  |   |  |  | ,          | : JAT              | E<br>DA            |                                      |                           |                            |
| Suite, April, P. etc.    City & State  | 2. Principal Pl                       | lace of Business   |   | 3. Mailing Address   | 22 ct  |            |                    |                    |                                      |                           |                            |
| Second   S               | Suite, Apt.                           | #, etc.  |   |  | <i>UD</i> 31                                 | R          | MST                | l by the last      | CR2E                                 | 1 <del>0 (6/</del> 64) (  | <del>34</del> ~0,          |
| S. Name and Address of Current Registered Agent  TORRES, JOSE 10305 N.W. 41S STREET SUITE 116  MIAMI, FL 33178  Sirear Address (P.D. Box Numbor is NO) Acceptable)  Torress and Address of two Registered Agent  FL Zin Code 33145  Sirear Address (P.D. Box Numbor is NO) Acceptable)  Torress and Address of two Registered Agent  FL Zin Code 33145  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Portide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portide. I am familiar with, and accept the obligations of registered agent agent.  FILE NOWITH FEE IS \$300.00  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with s. 607,193(2)(b), F.S. the corporation did not receive the prior notice.  FILE NOWITH F | City & State                          | <del>)</del>   |   | 1.7  | 1  |            |                    |                    |                                      | <u> </u>                  |                            |
| TORRES, JOSE 10305 N.W. 41S STREET SUITE 116 MIAMI, FL 33178  8. The above named only automatic his statement for the purpose of changing its registered agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the obligations of registrore agent, or both, in the State of Fordat. I am familiar with, and accept the prior notice.  FILE NOWITH FEE IS \$300.00  In accordance with is 607,193(2)(b), F.S., the corporation did not receive the prior notice.  In accordance with is 607,193(2)(b), F.S., the corporation did not receive the prior notice.  In accordance with is 607,193(2)(b), F.S., the corporation did not receive the prior notice.  In accordance with is 607,193(2)(b), F.S., the corporation of Prior Accept the Prior notice.  In accordance agent ag            | Zip                                   |  | Country   | 1  | Country                                      |            | 5. Certificate     | of Status Desired  |                                      |                           |                            |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SUMME Typed or proced name of registered agent and the 4 spekdate.  (NOTE: Registered Agent separate required when reinstating)  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  ITILE   DEBUT   Debut   NAME   N             | 10305 N.W<br>SUITE 116                | JOSE<br>/. 41S STRE                                      |   |  | Street A                                     | ddress (P  | CO. Box Numb       | Enc                | nneu                                 | Zip Code                  | 145                        |
| Orpricers AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE  PTD  ENCARNACION, MARIELA  INME               | the obligati                          | ons of registere   | d agent. The control of the control |  |  |            |                    | 04/                | 26/05                                | 5                         |                            |
| ITILE INAME INMERIE ADDRESS CITY-ST-2P ITILE INME INME INMERIE ADDRESS CITY-ST-2P ITILE INME INME INME INME INME INME INME INM   |                                       | E NOW!!! F   |   |  |  |            |                    | corporation did    | d not receive t                      | the prior n               | otice.                     |
| NAME SITEET ADDRESS CITY-ST-ZIP    Delete  | title<br>Name<br>Street address       | ENCARNAC<br>10305 N.W.                                   | ION, MARIELA<br>41ST STREET SUIT  | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS              |            | ADDITIONS          | CHANGES TO OF      |                                      |                           |                            |
| NAME STREET ADDRESS CITY-ST-ZIP    Delete  | NAME<br>Street address                |  |   | ☐ Delete   | NAME<br>Street address                       |            | <b>4</b> 1<br>05/1 | 00054<br>8/050103  | _                                    | _ •                       | □ Addition                 |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES             | NAME :<br>STREET MODRESS              |  |   | ☐ Delete   | NAME<br>STREET ADDRESS                       |            |                    |                    |                                      | ] Change                  | Addition                   |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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.  | name<br>Street address                |  |   | ☐ Delete   | NAME<br>STREET ADDRESS                       |            |                    |                    | ]                                    | _ Change                  | Addition                   |
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| SIGNATURE: (AXI-11) "U//III  | of the cor                            | on this report o<br>poration or the r<br>or on an attach | r supplementat report is<br>eceiver or trustee emp  | s true and accurate and that<br>owered to execute this repor | my signature shall it<br>t as required by Ch | nave the s | ame lega) effe     | ct as if made unde | r oath; that I am<br>ne appears in t | an officer<br>Block 10 or | or director<br>Block 11 if |