


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 11:31

DOCUMENT # P03000010843	
1. Entity Name AZAFRAN, INC.	

Principal Place of Business 848 BRICKELL AVENUE SUITE 1225 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE SUITE 1225 MIAMI, FL 33131
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REINSTATEMENT 06



2. Principal Place of Business 1581 BRICKELL AV Suite, Apt. #, etc. 1802 City & State MIAMI, FL Zip 33129	3. Mailing Address 1581 BRICKELL AV Suite, Apt. #, etc. 1802 City & State MIAMI, FL Zip 33129
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09282006 REIN-P CR2E098 (11/1

4. FEI Number
83-0348365

5. Certificate of Status Desired ☐ \$8.75
Fee Rec

6. Name and Address of Current Registered Agent HERNANDEZ, MARIA C 1581 BRICKELL AVENUE APT 1802 MIAMI, FL 33129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip
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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 the obligations of registered agent.

SIGNATURE *Maria C Hernandez* DATE Nov 8, 2006

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2), corporation did not receive the pr
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, MARIA C 1581 BRICKELL AVENUE APT 1802 MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Char 000082322170 12/06/06--01038--018 \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Char
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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 I 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria C Hernandez* DATE Nov 9, 2006 (786)543-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR