2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCU 1. Entity Nam JM STUC	16	# P03000013	3668		05 F1	FILED EB-4 PM	1: 36			
Principal Place of Business			Mailing Address			SilCi	NETARY OF AHASSELLE	TÜRIÖA		
1329 19TH ST. Unit a			1329 19TH ST. Unit a			TALL	#HMoorer.			
ORLANDO, FL 32805		ORLANDO, FL 32805	i			10:00 AM COM FRM 616	ri Advas isdaa siira arista delak is	H101 # 1511		
2. Principal Place of Business		3. Mailing Address		ra f						
Suite, Apt. #, etc.		Suite. Apt. #, etc.		13022005	REIN-P	CRZE098 (6/04)	04-00			
City & State			City & State		4. FEI Numbe	5 11.415		oblied For ot Applicable		
Zio		Country	Zip	Coun	itry	5. Certificate	of Status Desired	S8.75 Adr Fee Require		
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered Agent		
MUNGUIA, JOSE F 1329 19TH ST.							(P.O. Box Number is Not Acceptable)			
UNIT A ORLANDO, FL 32805					<u>- ~ = </u>					
OREANDO), i E 3200		·		City			FL Zip Coo	le	
	named entity		or the purpose of changing i	s register	ed office or register	red agent, or both	h, in the State of Flo	orida. I am familiar with	and accept	
ine obligat	LOTS OF TEGIST	ered ageni.	•							
SIGNATUBE.	Sprat 6, typed	or chiled name of registered agent	Land Lie Engptionale, (NC	TE: Register	ed Agent signature requi	red when reinstating)		DATE		
FILE NOW!!! FEE \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10.	Р	OFFICERS AND		11.	,	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME	MUNGUIA	, JOSE F	☐ Defete	TITL NAM	•			☐ Change	Addition !	
STREET ADDRESS	i	ST. UNIT A			EET ADDRESS					
CITY-ST-ZIP	ORLANDO	D, FL 32805	☐ Delete	nn	'-ST-ZIP			☐ Change	Addition	
NAME	1		Li Detele	NAM	- 1	000045030740 01/19/0501047014. **300.00				
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP	UIZ1:	9/050104	F7014. * *30	10.00	
TITLE			De'ete	TITL				☐ Change	Addition	
KAME				HAM	E			— · · · · ·	_	
STREET ADDRESS City-St-ZIP					EET ADORESS '-st-zip				Ì	
TITLE			☐ Delete	ПП				☐ Change	☐ Addition	
KAME	Ì			NAM	IE					
"STREET ADDRESS" CITY-ST ZIP	.				PET ADDRESS					
U117-51 ZIP					EET ADDRESS		~			
TITLE			. Delete		' ST ZIP		<u> </u>	☐ Change	☐ Addition	
TITLE NAME			. Delete	CITY TITL NAM	ST ZIP E		~ <u> </u>	☐ Change	Addition	
TITLE			· Delete	CITY TITL NAM STR	ST ZIP			Change	Add:tion	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the col	t on this report rooration or th	rt or supplemental report i ne receiver or trustee emo		CITY TITL NAM STRI CITY TITL NAM STRI CITY Or the exe	A ST ZIP E RE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP emption stated in Stature shall have the	same legal effec	t as it made under o	Change I further certify that the oath; that I am an office	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the col	d on this report reporation or the l, or on an atta	rt or supplemental report i ne receiver or trustee emo	Delete The this filing does not qualify is true and accurate and this report	CITY ITIL NAM STRICT TITL NAM STRICT OOT the exect my signart as required.	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP emotion stated in Stature shall have the ired by Chapter 60	same legal effec	t as it made under o	Change I further certify that the oath; that I am an office	Addition	

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