## 6:00

## 2005 FOR PROFIT CORPORATION

2005 FOR PROFIT CORPORATION REINSTATEMENT						APP A F		//	2	
DOCUMENT # P03000024249  1. Entity Name 8251 SUNSET CORP.						05 AUG 23 PM 2: 48  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 8251 SUNSET STRIP SUNRISE, FL 33313		Mailing Address 8251 SUNSET STRIP SUNRISE, FL 33313			1 (98)(88) (1)				23 <b>205</b>	
2. Principal Place of Business  Suite. Apt. #, etc.		3. Mailing Address 5620 LETTNER DRIVE Suite, Apt. #, etc.								
City & State		CÖKÅL ŠPRINGS, FL			4. FEI Numb	REIN-P	CR2E0		plied For t Applicable	
Zip	Country	<sup>Zip</sup> 33067	Country		5. Certificate	of Status Desired		8.75 Addi ee Required	itional	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132  8. The above named entiry submits this statement for the purpose of changing its registered					Name and Address of New Registered Agent  Name  JUAN DIAZ  Street Address (P.O. Box Number is Not Acceptable)  5620 LETINER DRIVE  City CORAL SPRINGS FL  Zip Cod 067  ed office or registered agent, or both, in the State of Florida. Lam familiar with, and accept					
the obligat	ions of egistered agent. Signature hand or printed name of registered agent a	and title if applicable. (NOTE	Repatered #	Agent algnature	equired when reinstating		DATE	-12-	-05	
Fil	LE NOW!!! FEE IS \$300.00					In accordance corporation did	not receive	the prior n	notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD DIAZ, JUAN 8251 SUNSET STRIP SUNRISE, FL 33313	DIRECTORS Delete	11. IITLE NAME STREET A	ADDRESS 5		CHANGES TO OFF	X	DIRECTORS  Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADORESS I - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STR		TITLE NAME STREET A	ADDRESS 1- ZIP	enemelen e deur de men en de com de débute de des de		•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS F-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ Delete	TITLE NAME STREET CITY ST	ADDRESS I · ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Defete	TITLE NAME STREET A CITY-ST	ADDRESS T-ZIP				Change	Addition	
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 suppliamental 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 of 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.										
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR	JUAN	DIAZ	Date	. ,	547-3 time Phone #	3310	

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## 8251 SUNSET CORP. 8251 Sunset Strip Sunrise, Fl 33322

August 11, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: P03000024249

To Whom It May Concern:

We are writing to you concerning our 2004 annual report and would like to provide you with the following information:

Please note that at the time our 2004 annual report was filed we never received the reject letter that was sent to us from the Department of State, therefore we could not respond to avoid administrative dissolution of the corporation.

We are resubmitting our 2005 reinstatement form which was returned to us for lack of signature along with a check for \$308.75 and kindly ask that all additional fees be waived at this time.

If you should have any questions please contact our accountant's office a t (718) 279-8777.

Thank you for your attention to this matter.

Juan Diaz

Yours truly,

**PRESIDENT**