

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030107 1. Entity Name LILIPA, INC.		 FILED 08 OCT 15 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10 VENETIAN WAY 1102 MIAMI BEACH, FL 33139		Mailing Address 10 VENETIAN WAY 1102 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 29 East San Marino Drive Suite, Apt. #, etc.		3. Mailing Address 29 East San Marino Drive Suite, Apt. #, etc.	
City & State Miami Beach FL Zip 33139 Country		City & State Miami Beach FL Zip 33139 Country	
4. FEI Number 56-2331565		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL, FL 33134		7. Name and Address of New Registered Agent Name Liliana Paez Street Address (P.O. Box Number is Not Acceptable) 29 East San Marino Drive City Miami Beach FL Zip Code 33139	
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 <i>[Signature]</i> Liliana Paez, Pres 10/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PAEZ, LILIANA 10 VENETIAN WAY, #1102 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	29 East San Marino Drive Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000136945590 10/15/08--01022--003 **150.00	000136945590 10/15/08--01022--003 **150.00
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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 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: <i>[Signature]</i> Liliana Paez, Pres 10/10/08 (305) 733-0691		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	