

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR 10 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232008 REIN-P CR2E098 (1/07)

4. FEI Number  
30-0164949

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ZORRILLA, DELSY  
14231 NW 18TH MANOR  
PEMBROKE PINES, FL 33028

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12944 NW 21 Street

City Pembroke Pines

FL

Zip Code

33028

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ZORRILLA, DELSY ☐ Delete  
STREET ADDRESS 14231 NW 18 TH MANOR  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD  
NAME ZORRILLA, IVAN ☐ Delete  
STREET ADDRESS 14231NW 18TH MANOR  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12944 NW 21 Street  
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12944 NW 21 Street  
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/08

Date

Daytime Phone #

REINSTATEMENT 07-08

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04/15/08--01003--023 \*\*300.00