PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

06 FEB 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300067378833
03/08/06--01008--022 **100.00

DOCUMENT # P03000037411

1. Corporation Name

LARGAESPADA TRANSFER, INC.

NAC-8288

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
754 N.W. 22nd PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL 33125	City & State
Zip: 33125 Country: USA	Zip Country: MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida: 04-02-03

5. FEI Number: 56-2339421 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RUDY LARGAESPADA

300067378833
03/08/06--01008--023 **30.00

Street Address (P.O. Box Number is Not Acceptable): 754 N.W. 22nd PLACE

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33125

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 2-18-06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RUDY LARGAESPADA	754 N.W. 22nd PLACE	MIAMI, FL 33125
VP	VICTOR LARGAESPADA	2343 N.W. 3rd ST.	MIAMI, FL 33127
T/S	ARMANDO LARGAESPADA	109 E. 12th ST.	HIALEAH, FL 33010

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ RUDY LARGAESPADA 2-18-06 (786) 399-8407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel FEB 23 2006