2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT												
1. Entity Nan	ne	# P030000 3 ORATION	3 94 7	473 ,					DIVISION OF	FILED ARY OF F CORP) F STATE PORATION	1 S
Principal Plac	e of Rusines	:0	М	Mailing Address						,	17.40	
115 SEAMAN AVE.				115 SEAMAN AVE.								
OPA LOCKA, FL 33054				OPA LOCKA, FL 33054								
					•							
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04082008	REIN-P	CR2E	098 (1/07)	
City & State			1	City & State			4. FEI Numbe				oplied For	
Zip Country				Zip Country							ot Applicable	
Ζip	Country		- '	Zip Cou		5. Certifica		5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current I			nt Regis	Registered Agent			7. Name and Address of New Registered Agent					
						Иагле		~7			~	
CORNET,		J		-			Street Address /P.O. Boy Number is Not Accessable)					
115 SEAMAN AVE. OPA LOCKA, FL 33054						Street Address (P.O. Box Number is Not Acceptable)						
OFALOC	IVA, FE 33	3034										
						City					Zip Coc	ło
										FL	<u> </u>	
8. The above	named entit	ty submits this statement	for the p	ourpose of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of Flori	da. I am	familiar with,	and accept
the obligations of registered agent.												
SIGNATURE.	Cinashus hunad			f	- B	-4 \$4-1						
	Signature, typed	or printed name of registered age	ent and bile i	f applicable. (NOTE	:: Register	ed Agent signat	ture require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$300.00									In accordance will corporation did no			
10.		OFFICERS AN	D DIREC	CTORS	11.			ADDITIONS/0	CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP						-ST-ZIP						
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	portify that the	e information supplied	ith this fil	ling does not qualify for	<u> </u>		ntainor	in Chapter 110	Florida Statutos I fo	other con	ify that the i-	oformation
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: 4 04.15-09												
SIGNAL	UKE: _	SIGNATURE AND TYPED O	R PRINTED	NAME OF SIGNING OFFICER OF	OR DIRECT	roR			Date	VO.	aytime Phone #	