

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 29 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10022007 REIN-P CR2E098 (1/07)

4. FEI Number ~~59-3723867~~ 300278910 Applied Fee
Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, RICHARD
510 IPSWORTH COURT
ORLANDO, FL 32824

9800 S. ORANGE AVE
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name 9800 SOUTH ORANGE AVE

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

City ORLANDO FL Zip Code 32824

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

11/27/07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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

TITLE PD
NAME PENA, RICHARD
STREET ADDRESS 9777 S ORANGE BLVD TR #21
CITY-STATE-ZIP ORLANDO, FL 32837
☒ Delete (ADDRESS ONLY)

TITLE VD
NAME PENA, REINA
STREET ADDRESS 9777 S ORANGE BLVD TR #21
CITY-STATE-ZIP ORLANDO, FL 32837
☒ Delete (ADDRESS ONLY)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PENA, RICHARD
NAME PENA, RICHARD
STREET ADDRESS 9800 S. ORANGE AVE
CITY-STATE-ZIP ORLANDO, FL 32824
☒ Change ☐ Addition

TITLE PENA, REINA
NAME PENA, REINA
STREET ADDRESS 9800 S. ORANGE AVE
CITY-STATE-ZIP ORLANDO, FL 32824
☒ Change ☐ Addition

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

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

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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

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 empowerments.

SIGNATURE:

Richard Pena

11/27/07

407-888-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

2007