


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043714		
1. Entity Name PARADOR DE LA COLINA, CORP.		

FILED  
05 OCT 14 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5580 N.W. 107TH AVE. UNIT #1201 DORAL, FL 33178	Mailing Address 15801 JNW 42ND AVE., APT. 302 APT. 302 MIAMI, FL 33014
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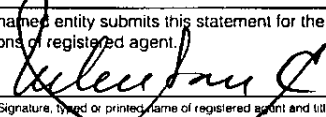
2. Principal Place of Business 11200 W. Flagler St. Suite, Apt. #, etc. Suite 113 City & State Miami, Florida. Zip 33174 Country USA	3. Mailing Address 15801 NW 42nd Ave Suite, Apt. #, etc. Unit #1201 City & State Doral Florida. Zip 33178 Country USA
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10052005 REIN-P CR2E098 (6/04)

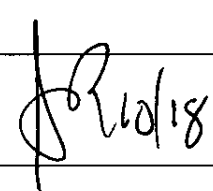
6. Name and Address of Current Registered Agent AMERICA HOME INVESTMENTS, CORP. 6034 SW 24ST MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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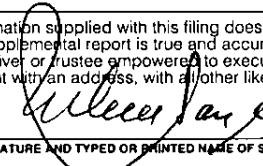
4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable

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

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  DATE 10/11/05  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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	P SANCHEZ, MARIA H 15801 NW 52 AV APT. 302 MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ MARIA H. 11200 W. Flagler St Suite 113 Miami FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGOS, CESAR E 15801 NW 52 AV APT. 302 MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGOS CESAR E 11200 W. Flagler St. Suite 113 Miami FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060627436 10/14/05--01053--024 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.  
SIGNATURE:  DATE 10/11/05 305 962 6614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR