

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAY 27 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



W
04-05

05242005 REIN-P CR2E098 (6/04)

4. FEI Number ☒ Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name **BELKYS GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
9517 FONTAINEBLEAU BLVD SUITE 003
City **MIAMI** FL Zip **33172**

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 Belkys Garcia
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	BELKYS GARCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDALGO, SILVIO		NAME	9517 FONTAINEBLEAU BLVD SUITE 003	
STREET ADDRESS	8517 FONTAINEBLEAU BLVD #002		STREET ADDRESS	MIAMI, FLORIDA 33172	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, LUIS		NAME		
STREET ADDRESS	8517 FONTAINEBLEAU BLVD #002		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	400055412694	
STREET ADDRESS			STREET ADDRESS	05/27/05--01049--001 **300.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Belkys Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #