2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000054452

1. Entity Name
ALEMAN CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 1:05

REINSTATEMENT 05

Principal Place of Business	Mailing Address
2775 W. 52ND STREET APT 303 HIALEAH, FL 33016	2775 W. 52ND STREET APT 303 HIALEAH, FL 33016

10052005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
101 SW 61 Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33144 Country: USA	Zip Country

4. FEI Number: 200402514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEMAN, MARIO 2775 W. 52ND STREET APT 303 HIALEAH, FL 33016	Name: ANGELINA GARCIA Street Address (P.O. Box Number is Not Acceptable) 101 SW 61 Ave City: MIAMI FL Zip Code: 33144

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: X Angelina 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 $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 ALEMAN, MARIO 2775 W 52 ST #203 HIALEAH, FL 33016	☐ Delete	TITLE P. / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGELINA GARCIA ☐ Change ☒ Addition 101 SW 61 AVE. MIAMI FL 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIO F ALEMAN ☐ Change ☒ Addition 101 SW 61 AVE MIAMI FL 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100080499841 10/11/05--01065--003 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

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