2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0300067486 1. Entity Name EL POINT VENEZOLANO, INC.						FILED Feb 03, 2005 8:00 A.M. Secretary of State		
Principal Place of Business Mailing Address						1		
15572 SW 72 STREET Miami, Fl 33193			15572 SW 72 STREET MIAMI,, FL 33193					
MILTANI,, I E 3	J 133		WIIAWII,, IL 33133			 	11 SBIBS 1517 GEM BETI BETT ESTIS STIN TREV BIFS I STIP STINST IN 1864	
2. Principal Place of Business			3. Mailing Address		ا ه			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042005	REIN-P CR2E098 (6/04)	
City & State			City & State - FA.			4. FEI Numb	Applied For Not Applicable	
Zip		Country	23193	Count	"V)(·		e of Status Desired	
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent		
FIGUEROA, MARIA G					Name			
8050 SW 157 PL MIAMI, FL 33193				Street Address		(P.O. Box Numb	per is Not Acceptable)	
					City		FL Zip Code	
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: V Chief pegaritist								
Signalife, typed or phriteghams of requisiter agent and life it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$300.00					-		In accordance with s. 607.193(2)(b), F.S., thecorporation did not receive the prior notice.	
10.		OFFICERS AND	DIRECTORS 11.			ADDITIONS	/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P Delete			TITLE NAME				
STREET ADDRESS	15572 SW 72 STREET				RET ADDRESS 600044405456			
CITY-ST-ZIP	MIAMI,, FL 33193			-	ST-ZIP	D1.	/10/0501026024 **300 00 □ Change □ Addition	
TITLE NAME	FIGUEROA, MARIA G		rain pelete	NAME	1			
STREET ADDRESS CITY-ST-ZIP	15572 SW 72 STREET MIAMI, FL 33193				ET ADDRESS ST-ZIP			
TITLE	P		Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	GIOACCHINO, GIORGIO 15572 SW 72 STREET		NAA STR		ET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33193				ST-ZIP			
-TITLE:								
STREET ADDRESS	。							
CITY-ST-ZIP	MIAMI, FI			-	ST-ZIP	· <u>-</u> .	C) Charge C Addition	
TITLE LI			☐ Delete	TITLE NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP					et address -St-Zip			
TITLE Delete				TITLE			☐ Change ☐ Addition	
NAME			•	NAME. STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP			
12. I hereby certify that the information supplied with this filling doe 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 of true and account may signature shall have the same legal effect as if made under oath; that I am an officer or director								
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 it true and facchinate about hat 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 empfy where dig executed its equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition with an addition of the receiver of the changed.								
SIGNATURE: 01 05 05 .								
SIGNATURE: SIGNATURE AND TRANSPORT FINTENANCE SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Daylone Phone 4								