2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000074209

Entity Name: IMPRESOS TRILIP, INC.

FILED Nov 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1490 S MILITARY TRAIL 1490 S MILITARY TRAIL

WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 US

Current Mailing Address: New Mailing Address:

1490 S MILITARY TRAIL 1490 S MILITARY TRAIL

US WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415

FEI Number: 20-0074788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ALFARO-JONES, ABELARDO ALFARO-JONES, ABELARDO 815 BELVEDERÉ RD 1490 S MILITARY TRAIL

WEST PALM BEACH, FL 33405 US WEST PALM BEACH, FL 33415 US

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.

SIGNATURE: ABELARDO ALFARO 11/16/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition ALFARO JONES, ABELARDO J ALFARO JONES, ABELARDO J Name: Name: P O BOX 15435 1490 S MILITARY TRAIL Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33416 US City-St-Zip: WEST PALM BEACH, FL 33415 US

VΡ Title: (X) Change () Addition Title: () Delete NANIA SOSA, ROSI E Name: Name: ALFARO-NANIA, ANDREA E P O BOX 15435 1490 S MILITARY TRAIL Address: Address:

WEST PALM BEACH, FL 33416 US WEST PALM BEACH, FL 33415 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

GONZALEZ DEL C., MARGARITA GONZALEZ, MARGARITA Name: Name:

P O BOX 15435 1490 S MILITARY TRAIL Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33416 US City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: (X) Delete Title: () Change () Addition

HERNANDEZ M., JOSE L Name: Name: Address: P O BOX 15435 Address: City-St-Zip: WEST PALM BEACH, FL 33416 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ABELARDO ALFARO 11/16/2009