## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUI 1. Entity Nam STINGRA	e	# P03000079 prs, INC.	911						
Principal Place of Business 1801 SOUTH TREASURE DRIVE #226 NORTH BAY VILLAGE, FL 33141			Mailing Address 1801 SOUTH TREASURE DRIVE #226 NORTH BAY VILLAGE, FL 33141						
2. Principal Place of Business  8/0 S. O. XIL It, Shum  Suite, Apt. #. etc.			3. Mailing Address 3401 N, Cornly Clob ACC Suite, Apt. #, etc.  NT 506		KE	NS 7.5		2E098 (6/04)	<u>04-05</u>
City & State	jly wo	I FL	City & State  A VEW TURA	FL.		4. FEI Numb	er - 2380414		Applicable
Zip 33 a	20	Country USA	Zip 33180	Country USA			of Status Desired	\$8.75 Addi Fee Required	
NORTH BA	, MIGUEL TH TREAS AY VILLAG	SURE DRIVE #226 GE, FL 33141		City	Street Address (P.O. Box Number is Not Acceptable)  Solve Ton Thomas Street Address (P.O. Box Number is Not Acceptable)  Solve Ton Thomas The Street Ton The Street Address (P.O. Box Number is Not Acceptable)  Solve Ton Thomas The Street Ton The Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Solve Ton Thomas Ton The Street Ton				
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 Signature, typed or printed name of registered agent and title yapplicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$300.00							In accordance with s. 6 corporation did not rec	607.193(2)(b), Feive the prior n	F.S., the otice.
10.	Р	OFFICERS AND I	DIRECTORS Delete	11.	0	ADDITIONS	CHANGES TO OFFICERS A	AND DIRECTORS  Change	IN 11 Addition
NAME STREET ADDRESS CITY-ST-ZIP	QUINTAN DIAZ VEL	IA, JAVIER A .EZ 240 LA LUCILA .AIRES ARGENTINA 16		_				Apt 506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete PEREYRA, MIGUEL A 1801 SOUTH TREASURE DRIVE #226 NORTH BAY VILLAGE, FL 33141				VPE 3Y	PEREYRA, MIGUEL A.  3 YOU N. CONLY CLY OF MPT JUL  A VENTUA R 33180			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete Ti'nv.					Change			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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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:									