

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 12 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000105484 1. Entity Name ZORAIMA TINTGIRL CORP.					
Principal Place of Business 660 NE 78TH STREET APT. 304 MIAMI, FL 33138			Mailing Address 660 NE 78TH STREET APT. 304 MIAMI, FL 33138		
2. Principal Place of Business 7955 NW 12TH STREET		3. Mailing Address 7955 NW 12TH STREET			
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400			
City & State DORAL, FL		City & State DORAL, FL			
Zip 33126	Country USA	Zip 33126	Country USA		
6. Name and Address of Current Registered Agent BLANCO, ZORAIMA 660 NE 78TH STREET APT. 304 MIAMI, FL 33138			7. Name and Address of New Registered Agent Name ZORAIMA BLANCO Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET SUITE 400 City DORAL <div style="float: right;"> FL Zip Code 33126 </div>		
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: <u><i>[Signature]</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLANCO, ZORAIMA 660 NE 78TH STREET #304 MIAMI, FL 33138 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZORAIMA BLANCO 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/17/05--01036--003 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					