
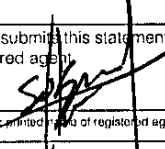


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106555 1. Entity Name TODO IMPORT & EXPORT, CORP.						FILED 05 OCT 14 PM 4:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9473 NW 12 ST MIAMI, FL 33172				Mailing Address 10304 NW 9 ST CIR. 202 MIAMI, FL 33172			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CONTRERAS, RAMON M 10304 NW 9 ST CIR 202 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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:  (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 PD NAME CONTRERAS, RAMON M <input type="checkbox"/> Delete STREET ADDRESS 8225 LAKE DR. #C-305 CITY-ST-ZIP MIAMI, FL 33166				TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CONTRERAS, RAMON M. STREET ADDRESS 10304 NW 9 ST CIR # 202 CITY-ST-ZIP MIAMI, FL 33172			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700060627427 STREET ADDRESS 10/14/05--01054--021 CITY-ST-ZIP **150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 				RAMON M. CONTRERAS 10/11/05 (365) 718-3664 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			