


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116439		
1. Entity Name INKA PRODUCT'S INC.		

FILED

07 OCT -2 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8516 SW 8 ST SUITE 123 MIAMI, FL 33144	Mailing Address 8516 SW 8 ST SUITE 123 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # 5700 S.W. 133 Place	3. Mailing Address 5700 S.W. 133 Place
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State Miami - FL	City & State Miami - FL
Zip 33183	Country USA

10012007 REIN-P CR2E098 (1/07)

4. FEI Number 20-0891706	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAZA, JUAN ALBERTO 8230 SW 65 AVE APTO 4 MIAMI, FL 33143	
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7. Name and Address of New Registered Agent Name: Eliana Malena Mangiante Street Address (P.O. Box Number is Not Acceptable) 5700 S.W. 133 Place Unit 6 City: Miami - FL FL Zip Code: 33183	
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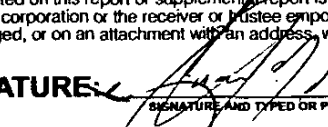
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MAZA, JUAN A 8230 SW 65 AVE APT 4 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Eliana Malena Mangiante 5700 S.W. 133 Place Unit 6 Miami - FL 33183 <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	300110272098 10/04/07--01037--005 **150.00 <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	<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 exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____