

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY 24 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000118206</b>					
<b>1. Entity Name</b> MAKHENA, CORP.					
<b>Principal Place of Business</b> 131 SW 22 AVE MIAMI, FL 33135			<b>Mailing Address</b> 131 SW 22 AVE MIAMI, FL 33135		
<b>2. Principal Place of Business - No P.O. Box #</b> 5860 SW 8st		<b>3. Mailing Address</b> 5860 SW 8st			
Suite, Apt. #, etc. 512		Suite, Apt. #, etc. 512			
City & State Miami FL		City & State Miami FL			
Zip 33144	Country USA	Zip 33144	Country USA	<b>4. FEI Number</b> 76-0744272	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MARTINEZ, MAIDA C 131 SW 22 AVE MIAMI, FL 33135			<b>7. Name and Address of New Registered Agent</b> Name: <u>Maida C Martinez</u> Street Address (P.O. Box Number is Not Acceptable): 5860 SW 8st. 512 City: <u>Miami</u> FL Zip Code: <u>33144</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>5/01/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOLEWA, ESTANISLAO A 131 SW 22 AVE MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cholewa Estanislao A 5860 SW 8st 512 Miami FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANSILLA, BLANCA E 4815 NW 79 AVE STE. 2 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mansilla Blanca E 5860 SW 8st. 512 Miami FL 33144	<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	300103218643 05/24/07--01058--004 **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	300103218643 05/24/07--01058--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
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date: <u>May 21, 2007</u> Daytime Phone #:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					