

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000121004 1. Entity Name KUYAWA IMPORT, INC.				 <div style="text-align: right;"> FILED 05 OCT 20 AM 10:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>																									
Principal Place of Business 3468 WEST 84TH ST STE # 110 HIALEAH, FL 33018		Mailing Address 2742 SW 8 ST STE 202 MIAMI, FL 33135																											
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3468 West 84 Street STE. # 110 HIALEAH GARDENS, FL Zip Country 33018																											
4. FEI Number 43-2032314		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent LORENZO SICILIA, FERNANDO 2742 SW 8 ST STE 202 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name LORENZO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 3468 West 84 Street Ste. # 110 City HIALEAH GARDENS FL Zip Code 33018																										
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>Fernando Lorenzo</i></u> 10/14/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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.																										
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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: *[Signature]* 10/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #