

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 12: 50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000132782

1. Corporation Name
ANAIYA INC

700125041337
04/22/08--01025--001 **450.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 7931 SW 152ND AVE Suite, Apt. #, etc. #1 City & State MIAMI FL 33193 Zip 33193		Country USA		3. Mailing Office Address 7391 SW 152ND AVE Suite, Apt. #, etc. #1 City & State MIAMI FL Zip 33193		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 11/17/2003

5. FEI Number 20-0393812 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARQUIMIDES DIAZ

Street Address (P.O. Box Number is Not Acceptable)
7931 SW 152ND AVE

Suite, Apt. #; Etc.
#1

City
MIAMI

State
FL

Zip Code
33193

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X ADIAZ REGISTERED AGENT MUST SIGN Date 4-15-8

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ARQUIMIDES DIAZ	7931 SW 152ND AVE #1	MIAMI FL 33193

REINSTATEMENT 06-08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X ADIAZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-15-8 Daytime Phone #