


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT 1. Entity Name Cortes Graphic P03000135576	
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Principal Place of Business 24790 SW 177 Ave	Mailing Address
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2. Principal Place of Business 24790 SW 177 Ave Suite, Apt. #, etc.	3. Mailing Address 24790 SW 177 Ave Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
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Zip 33031	Country U.S.A.	Zip 33031	Country U.S.A.
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8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent Name Pedro Cortes Street Address (P.O. Box Number is Not Acceptable) 24790 SW 177 Ave City Miami FL Zip Code 33031
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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 **Pedro Ct** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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 President Pedro Cortes 24790 SW 177 Ave Miami FL 33031	<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
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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 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: **Pedro Ct** (305) 796-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 JAN -6 PM 12:48
REINSTATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04-05
JK

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