

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 13 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *54*



10272004 REIN-P CR2E098 (6/04)

4. FEI Number **20-0482754** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

JARAMILLO, YOLANDA  
9350 SUNSET DR.  
SUITE 151  
MIAMI, FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

**300043371323**

12/13/04--01064--015 \*\*350.00

City

**FL**

Zip Code

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*12/27/04*

DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FRANCO, ENRIQUE ☐ Delete  
STREET ADDRESS 9350 SUNSET DR., SUITE 151  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME **300043371323**  
STREET ADDRESS 12/13/04--01064--015  
CITY-ST-ZIP \*\*400.00

TITLE ☐ Delete  
NAME *Tesurer*  
STREET ADDRESS *Suile Rodriguez*  
CITY-ST-ZIP *15835 SW 5th Terrace*  
*Miami, FL 33185*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/27/04*

Date

Daytime Phone #