2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								
DOCUMENT # P03000152897						FILED	}	
Entity Name BEING SERVICES CORPORATION								
					04	NOV -5 PI	1 2: 04	
Principal Plac	e of Business	Mailing Address			SE	CRETARY UF	STATE	
8575 SW 151 190	2 AVE	8575 SW 152 AVE 190		WA .	I A I.	LAHASSEE, F	LURIDA	
MIAMI, FL 3:	3166 US	MIAMI, FL 33166 US		<i>169</i> 7 	1 8 8 8 8 1 11111 8 5 1111 8 8 1111 8 1116 1 1	 		
2. Principal Place of Business 3. Mailing Address			W 54 S	<i>†</i>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc. 100 Suite, Apt. #, etc.			W J7 3 !	1072004		OR2E098 65/04	<i>004</i>	
City & State Minimum State Minimum			[7]	4. FEI Numb	er / · / . /	Ap	plied For	
Zic ——	Country C	Zip 22 7 ()	Country / C	4	4pp/icd/	\$9.75 Add	t Applicable	
<u> </u>	795 USA	J3 760 L	USA		of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent Name Name Name Name Name Name								
DIAZ, OSWALDO J ACCT 7951 SW 40TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
206 MIAMI, FL 33155			245	SE 15+	dropt	Sto. 311		
			City	Viani	37.00/	FL Zip Code	33737	
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. am familiar with, and accept the obligations of registered agent.								
SIGNATURE (Slewth - C) - 11-05-2004								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND I		1 11.	ADDITIONS	/CHANGES TO OFFIC			
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	RUEDA, LUIS M SR. 8575 SW 152 AVE SUIT:190		NAME STREET ADDRESS	2		521912		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	11/1	J3/U4U1U41			
TITLE NAME		☐ Defete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	A second of		NAME STREET ADORESS		• • • •	• •		
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME	3	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		Прин	CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			[] Grange		
STREET ADDRESS CITY-ST-ZIP			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: (VXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #								