20 % FOR PROFIT CORPORATION REINSTATEMENT

•	REINST/	ATEMENT			
1. Entity Nam	MENT # P03000155			05 DEC -9 TALLAHASSERE	ED Mire of
Principal Place of Business Mailing Address				AMAGE	
5005 NW 188 STREET		5005 NW 188 STREET	Ru	120 C	14/6
MIAMI, FL 33055		MIAMI, FL 33055	0.01		OPIDA 1 9 2005
		•		T. L. C.	ORIOS TESTA DEC 122005
Principal Place of Business 3. Mailing Address		3 Mailing Address			
z. Thropart face of business		3. Walling Address		LUBINDU III BUIDD ILIN 68111 68111	CELOR (IN 81 6315) CLIST BY OLD BENIND IN SOME STATE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10122005 REIN-P	CR2E098 (6/04)
City P. Steels		City of City			· · ·
City & State		City & State		4. FEI Number 20-0516233	Applied For Not Applicable
Zip	Country	Zip	Country	-	¢0.75 Addition
				5. Certificate of Status Desire	Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
MORA, FABIAN			Name		
5005 NW 188 STREET			Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FŁ	33055	., 			
			City		Zip Code
	· · · · · · · · · · · · · · · · · · ·		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 Flox.					
the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	.E NOW!!! FEE IS \$150.00 luary 1, 2006, Fee will be \$300.	00			ce with s. 607.193(2)(b), F.S., the did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS (CHANGES TO	OFFICERS AND DIRECTORS IN 11
TITLE	P	Delete	TITLE	ADDITIONS/CHANGES TO	Change Addition
NAME	MORA, FABIAN	2,50000	NAME	1079696	
STREET ADDRESS	5005 NW 188 STREET		STREET ADDRESS	10/13/05010);
CITY-ST-ZIP	MIAMI, FL 33055		CITY+ST-ZIP		
TITLE NAME	VP MORA, FABIAN	☐ Delete	FITLE NAME	•	Change Addition
STREET ADDRESS	5005 NW 188 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		Change Addition
NAME	MORA, FABIAN		NAME		
STREET ADORESS CITY-ST-ZIP	5005 NW 188 STREET MIAMI, FL 33055		STREET ADDRESS		
	Wirdwii, FL 33005	, ·			D Characteristics
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME		LJ Deick	NAME		□ Alianita □ workithii
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby	certify that the information supplied wit	th this filing does not qualify to	or the exemption stated in	Section 119.07(3)(i), Florida Statu	les. 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.					
		with all other like empowered	1.	1 .	
SIGNAT	URE: STEMATURE AND TYPED OR			צנאכי ואטו	-
-; -: -: -: -: -: -: -: -: -: -: -: -: -:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Tole -	Donatura Phone 4