2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P0400006567				A FILED		
1. Entity Name MAASANI CORP.				06 MAY -2 PM 4: 30		
Principal Place of Business Mailing Address				SEGRETARY OF STATE		
181 NW 97 A	VE #313	181 NW 97 AVE #313	}	TALLAHASSEE, FLORIDA		
MIAMI, FL 33172 MIAMI, FL 33172						
				1 INSTINUCA AND NATUR CARTE MARTIN NATUR NA		
2. Principal P	lace of Business	3. Mailing Address				
				LINE STATE STATE BY US - 61		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162006 REIN-P CR2E098 (11/05)		
City & State		City & State		4. FEI Number Applied Fo		
		<del>-</del>	T	45-0531396 Not Applic		
Zip	Country	Ζip _	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent		
DANITALE			Name			
PANTALEON, ALEJANDRO 181 NW 97 AVE #313			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33172						
			City	FL Zip Code		
		for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acc		
the obligations of registered agent. 000074342770 05/10/0601026003 **300.00						
SIGNATURE_	Signature, typed or printed name of registered age	or and title if annicable (NO)	E: Registered Agent signature rec			
	organistic types of printed name of registered age	in and the mappicable. (AO	ne. registered Agent signature rec	administration Date		
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice						
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	VIII r	☐ Change ☐ Adi		
NAME	PANTALEON, ALEJANDRO			. 1		
STREET ADDRESS CITY-ST-ZIP	181 NW 97 AVE #313 MIAMI, FL 33172		1 ) o	U Addorss		
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NAME STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\d	•			
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name Street address	1					
CITY-SF-ZIP						
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NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	sertify that the information supplied w	ith this filing does not and the		ned in Chanter 119. Florida Statutes, I further certify that the information		
12. I hereby certify that the information supplied with this filling does not example for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is tryle and according 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 the transfer of the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation or the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the corporation of the corporation or the corporation						
changed,	or on an attachment with an address	s, with all other the empowered	I. Criapter 6	507, Figure Statutes, and that my harme appears in block to U/ BIOCK		
SIGNATURE:						
SIGNATURE AND TYPED OR PRINTED FRAME OF SIGNANG OFFICER OR DIRECTOR Date Daytone Phone #						