## 2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SURNING OFFICER OR DIRECTOR

## 2005 SEP 26 PM 3: 14 **DOCUMENT # P04000009711** SECRETARY OF STATE TALLAHASSEE, FLORIDA PONCE DE LEON INVESTMENTS II, INC. Mailing Address Principal Place of Business 2450 SW 137TH AVE., SUITE 221 2450 SW 137TH AVE., SUITE 221 MIAMI: FL-33175 MIAMI, FL 33175 3. Mailing Address (55) Fonce 2. Principal Place of Business 4557 Honce de Leon Blu Suite, Apt. #, etc. Suite, Apt. #, etc. 09212005 REIN-P CR2E098 (6/04) Applied For City & State 4. FEI Number alal Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (Leastered A&P REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2450-SW 137TH AVE., SUITE 221" MIAMI; FL 33175 Komo de Lean 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2006, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1D. 11. ☐ Delete TITLE Change : ■ Addition TITLE ALAYON, RICHARD A ESQ. ALAYON, RICHARD A ESQ. NAME NAME 4551 Ponce De Leon Blud. 2450 SW-137TH AVE., SUITE-221 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL-33175-Coral Gables FL 33146 TITLE D ☐ Delete TITLE 23-Change ■ Addition ALAYON, MARTHA ALAYON, MARTHA NAME NAME STREET ADDRESS 2450 SW 137TH AVE., SUITE 221 STREET ADDRESS 4551 Ponce De Leon Blud. MIAMI, FL- 33175 CITY+ST-7IP CITY-ST-7IP Coral Gables FL 33146 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 800066047198 CITY-ST-ZIP CITY-ST-7IP <u> 09728705--01051--003</u> Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other-like empowered.

9-aa-05

FILED