## 2006 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MEN 1 # PU4000 ORIST CORP.	038550			<u> </u>	
Principal Place of Business		Mailing Address	Mailing Address		03 422 13 711 2:01.	
5841 NW 17 AVE MIAML FL 33142		5841 NW 17 AVE MIAML FL 33142			-	
miranii, I C 3.	J172	MIPONI, IL JUITE				
Principal Place of Business     3. Mailing Address			<del></del>			
					T I YORKI VOT IM COTTI CIBIR COME ERITA DOMIN DETIDO RIVET IZAGI UMTAL URIM DUNI DEL A. COTTI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc		04102006 REIN-P CR2E098 (11/05)	
City & State		City & State	City & State		5/ FEI Number Applied For	
Zip Country		Zip	Zip Country		Not Applicable  6/ Certificate of Status Desired 99/86 Beejtipoorm	
-			<del>-</del> ,		Grf IStrvjste	
7/ Obn f liboe!Beesfit lipgDvssf oulSf hjt uf sf elBhif ou Name					8/ Obn f fboelBeesftt lpgOf x lSf hjt uf sf elBhf ou	
COLON, GLADYS 5841 NW 17 AVE MIAMI, FL 33142			Street Ar	Street Address (P.O. Box Number is Not Acceptable)		
·						
mia					m. FLA. GM 333142	
9/ The above named entity submits this statement for the purpose of changing its registered orlice or registered agent, or pour, the State of Florida. I am familiar with, and accept the obligations of registered agent.						
Character Charac						
SIGNATURE Signature, typed or preted range of registered agent and title if applicable. )OPUF:IST his til all elibih out jihobov all lair vijal ets. i fiolatijos tibajoh* DATE						
FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
21/	OFFICER	S AND DIRECTORS	22/		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street adoress	MOSS, SHAQUANNA 5841 NW 17 AVE		NAME STREET ADORESS			
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP			
TITLEN	ST COLON CLADVO	<b>□</b> Delete	TITLE	Sec	erctory Treasurer Change Maddition	
NAME; Street address	COLON, GLADYS 5841 NW 17 AVE		NAME STREET ADDRESS	58	aig Leonard moss	
CITY-ST-ZIP	MIAMI, FL 33142	_	C/TY-ST-ZIP	Hie	AHI, Fl. 33142	
TITLE NAME	  `	☐ Delete	title Name		Change Addition	
STREET ADORESS	<u>.</u>		STREET ADDRESS		and what	
CITY-ST-ZIP		,	CITY-ST-ZIP		1541151.04 ( 1)x	
TITLE NAME		Delete	TITLE NAME		G Charge C Addition	
STREET ADDRESS			STREET ADORESS	<b>H</b>	CARSO ROOM	
TITLE		Delete	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME			NAME		_ · ·	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP		500073716985 05/02/0601043026 **300.00	
TILE		☐ Delete	TTLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		<del></del>	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP			
23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
THOBUVSF; Diese Description Finds Process Diese Description From F						