2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000040481

Entity Name: OROPESA 26 CORP

FILED Oct 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2355 NE 209 STREET 20533 BISCAYNE BLVD MIAMI, FL 33180

1128

MIAMI, FL 33180

Current Mailing Address: New Mailing Address:

2355 NE 209 STREET 20533 BISCAYNE BLVD MIAMI, FL 33180

1128

MIAMI, FL 33180

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARON, WOLFSON ARON, WOLFSON 2355 NE 209 STREET 20533 BISCAYNE BLVD MIAMI, FL 33180 1128 MIAMI, FL 33180 US

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.

SIGNATURE: ARON WOLFSON 10/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: MGMR

Title:

Name:

Address:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WOLFSON, RAQUEL Name: WOLFSON, ARON

2355 NE 209 STREET Address: 20533 BISCAYNE BLVD #1128

City-St-Zip: MIAMI, FL 33180 City-St-Zip: MIAMI, FL 33180

Title: () Delete Title: () Change (X) Addition

Name: Name: RAQUEL, WOLFSON Address: Address: 20533 BISCAYNE BLVD #1128 AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARON WOLFSON PRE 10/01/2007

Electronic Signature of Signing Officer or Director

Date