2006 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P04000061959 1. Enlity Name OTILIA INC. | | | 3/ | FILED 06 MAY -4 PM : | | |
|--|--|--|---|--|--------------------------------|-------------------|
| Principal Place of Business Mailing Address 9893 N KENDALL DR 9893 N KENDALL DR MIAMI, FL 33176 MIAMI, FL 33176 | | · | ī | SECRETARY OF STA ALLAHASSEE, FLOI | VIE VIDA | |
| 2. Principal Place of Business # SF 3. Mailing Address 9459 SW 56 SF 9459 SW 56 | | 56th St | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DA302006 | S REIN-P L LCR2EC | 098 (1168) | 3.06 |
| City & State MIAMI FL | 11 PL MIAMI FL | | 4. FEI Number Applied For Applied For Not Applicable | | | |
| Zip Country 33/65 USA | ^{Zip} 33165 | Country USA | 5. Certificate | e of Status Desired | \$8.75 Add Fee Require | |
| 6. Name and Address of Current Registered Agent BUSTAMANTE, WILLIAM M 7950 W FLAGLER ST # 106 MIAMI, FL 33144 | | | 7. Name and Address of New Registered Agent Name Puraz MIGUA A Street Address (P.O. Box Number is Not Acceptable) | | | |
| 8. The above named entry submits this statement or 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 | | | | | | |
| Signatore, typed or printed name of registered agent as | nd true if a plicatole. (NOT | E: Registered Agent algnatur | e required when reinstating | DATE | | |
| FILE NOW!!! FEE IS \$300.00 | | | | In accordance with s. 607 corporation did not receive | 7.193(2)(b), re the prior r | F.S., the notice. |
| 10. OFFICERS AND D | DIRECTORS Delete | 11. | ADDITIONS PF50 | /CHANGES TO OFFICERS AND | DIRECTOR: | S IN 11 |
| NAME PEREZ, MIGUEL A STREET ADDRESS 9893 N KENDALL DR MIAMI, FL 33176 | 2 5500 | | Porez, Mi 8700 Su Maria F | 60el A. 293 St 203 33156 | Z onunge | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1/5/10 | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS GHY-ST-ZIP | 9 05/1 | 00074537 5/0601003030 | □ Change 613 **300 | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| 12. I hereby certify that the information supplied with indicated on this report or suppliemental report is of the corporation or the redever or trustee empoy changed, or on an attachment with an address, w. SIGNATURE: | true and accurate and that i wered to execute this report | or the exemptions cont my signature shall have a sa required by Chapte b. | e the same legal effe | ct as if made under cath; that I es; and that my name appears i | am an officer | or director |