## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P04000068854  1. Corporation Name  ALBORNOZ CORPORATION  2. Principal Office Address - No P.O. Box # TALLAHASSEE. FLORIDA  2. Principal Office Address - No P.O. Box # J. Multing Office Address Address ADDRESS DR.  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  NORTH MIAMI BEACH   Double		RPORATI STATEM			8	Secretary	TMENT OF STA y of State orporations	TE	-	F!LE 2007 JUN -5		
2. Principal Office Address - No P.O. Box # 1400 NE MIAMI GARDENS DR.  2. Suite, Apt. #, etc. 105  2. Suite, Apt. #, etc. 105  2. Suite, Apt. #, etc. 105  2. Over the principal office Address - No P.O. Box # 1400 NE MIAMI GARDENS DR.  2. Suite, Apt. #, etc. 105  2. Date Throughout def Country 105  2. Date Throughout def Country 105  3. Mailing Office Address DR.  4. Date Throughout def Country 105  4. Date Throughout def Country 105  5. FEI Number 20-1031744									SECRETARY OF STATE TALLAHASSEE.FLORIDA			
Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  106  Suite, Apt. #, etc.  107  Suite, Apt. #, etc.  107  Suite, Apt. #, etc.  108  Suite, Apt. #, etc.  109  Suite, Apt. #, etc.  109  Suite, Apt. #, etc.  109  Suite, Apt. #, etc.  100  Suite, Apt. #, etc.  105  Covery  Suite, Apt. #, etc.  105  Covery  Suite, Apt. #, etc.  105  City NORTH MIAMI BEACH  Suite  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  105  City NORTH MIAMI BEACH  Suite  Suite, Apt. #, etc.  Suite, Apt. #, etc.  105  Suite, Apt. #, etc.  105  City NORTH MIAMI BEACH  Suite  Sui	AL	BOF	RN	OZ C	ORP	OR	RATION	<b>1</b>		INCTATEMEN	IT <b>Ø</b> b − 0 🤅	
105 City & State NORTH MIAMI BEACH NORTH MIAMI BEACH Sate NORTH MIAMI BEACH Sate NORTH MIAMI BEACH Sate NORTH MIAMI BEACH Sate Sate NORTH MIAMI BEACH Sate Sate Sate Sate Sate Sate Sate Sate										CR2E081 (1/07)		
City & State NORTH MIAMI BEACH NORTH MIAMI BEACH STATUS DESIRED ST	l					etc.			4. Date Incorporated or Qualified To Do Business in Florida  OA/26/2004			
33179 Country 33179 Country 33179 Country 33179 Country 7. Name and Address of Current Registered Agent  Name MARINELLY ALBORNOZ  Sure, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Sure, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Sure appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503 F.S. Signature of Registered Agent  WEGISTERED AGENT Magnification  P. Names and Street Addresses of Each Officer and/or Director  Titles  Officers and/or Directors  Titles  Officers	NORTH MIAMI BEACH				NORTH MIAMI BEACH			5. FEI Number 20-1031744 Applied For				
Name MARINELLY ALBORNOZ  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  City NORTH MIAMI BEACH  Suite, Apt. #, Etc. 105  Suite, Apt. #, Etc. 105  City North Miami BEACH  Suite, Apt. #, Etc. 105  City North Miami BEACH  FL 33779  Suite, Apt. #, Etc. 105  City North Miami BEACH  FL 33779  Suite, Apt. #, Etc. 105  City North Miami BEACH  FL 33779  Suite, Apt. #, Etc. 105  City North Miami BEACH  FL 33779  Suite, Apt. #, Etc. 105  City Suite, Apt. #,	<sup>Zip</sup> 33179	33179 USA 2			<sup>Zip</sup> 33179 ℃		Country USA			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional F		
City NORTH MIAMI BEACH  State	Name MARINELLY ALBORNOZ					dered Agent			circumstances which the entity did not receive the prior notices. By checking this box, you			
Signature of Registered Agent  Multiplication and Street Addresses of Each Officer and/or Director (Florida (polyrofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Officer and/or Director  NORTH MIAMI BEACH/FL/33179  1400 NE MIAMI GARDENS DR. # 105 NORTH MIAMI BEACH/FL/33179  150.1 Certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401, F.S., that all fees oved by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  M. ALBOKNOZ 06/01/07 786-300-3436	105						State 33179			received and requesting the reinstatement		
Name of Officers and/or Directors  P,S,D. MARINELLY ALBORNOZ  1400 NE MIAMI GARDENS DR. # 105  NORTH MIAMI BEACH/FL/33179  10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  M. ALBORNOZ  06/01/07  786-300-3436	Signature o Registered	of Agent	hu	uley	Olf EGISTERED AG	SENT MUST	FSIGN			•		
P,S,D. MARINELLY ALBORNOZ 1400 NE MIAMI GARDENS DR. # 105 NORTH MIAMI BEACH/FL/33179  700 1 0 3 9 3 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		and Street A		Name of	Vor Director (Flo	orida (ngelipro	Street Address	of Each		City / State	e / Zin	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  M. ALBOLNOZ 06/01/07 786-300-3436	P,S,D.								***************************************			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  M. ALBOLNOZ 06/01/07 786-300-3436												
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  M. ALOKHOZ 06/01/07 786-300-3436									7 06/0			
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  M. ALOKHOZ 06/01/07 786-300-3436		:						18.4				
	this rei owed t	instatement ap by the corpora	optication tion have	, the reason for diss been paid and the	olution has been names of individ	n eliminated tuals listed (	I, the corporate name a on this form do not qua	atisfies dify for a	the requirements an exemption con	of section 607.0401 or 617.040	01, F.S., that all fees	
	SIGNA		GNATUR		/ ]	SIGNING OF		30R x	10Z 061			

b/ Taw