

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 28 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



12012006 REIN-P CR2E098 (11/05)

4. FEI Number 52-2445534 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

OLIVA, DAMARIS E  
1840 W 49TH ST SUITE 103  
HIALEAH, FL 33012

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MACHADO, ALFREDO  
STREET ADDRESS 1840 W 49TH ST SUITE 103  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition  
NAME 700082818867  
STREET ADDRESS 12/28/06--01026--028 \*\*150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME OLIVA, DAMARIS E  
STREET ADDRESS 1840 W 49TH ST SUITE 103  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 and all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/06  
Date Daytime Phone #