

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125620 1. Entity Name MILIFARMS, INC.			FILED 05 OCT 18 AM 8:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 9130 SOUTH DADELAND BLVD. 1600 MIAMI, FL 33156 US		Mailing Address 9130 SOUTH DADELAND BLVD. 1600 MIAMI, FL 33156 US	
2. Principal Place of Business 600 River Birch Court Suite, Apt. #, etc. Apt. 537		3. Mailing Address 600 River Birch Court Suite, Apt. #, etc. Apt. 537	
City & State Clermont, Florida		City & State Clermont, Florida	
Zip 34711		Zip 34711	
Country USA		Country USA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A MS. 9130 SOUTH DADELAND BLVD. 1600 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Cesar Camacho Street Address (P.O. Box Number is Not Acceptable) 874 W. Mineola Av. City Clermont	
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.		FL Zip Code 34711	
SIGNATURE: <small>Signature, typed or printed name of registered agent and fee, if applicable.</small>		NOTE: Registered Agent signature required when reinstating. DATE: 10/18/05	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 P,S <input type="checkbox"/> Delete NAME CAMACHO, MAURICIO MR. STREET ADDRESS 9130 SOUTH DADELAND BLVD. SUITE 1600 CITY-ST-ZIP MIAMI, FL 33156	TITLE P,S <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CAMACHO, MAURICIO MR. STREET ADDRESS 874 W. MINEOLA AV. CLERMONT, FL. 34711 CITY-ST-ZIP	TITLE VP <input type="checkbox"/> Delete NAME AGUIRRE DE CAMACHO, YOLANDA MS. STREET ADDRESS 9130 SOUTH DADELAND BLVD. SUITE 1600 CITY-ST-ZIP MIAMI, FL 33156	TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME AGUIRRE DE CAMACHO, YOLANDA MS. STREET ADDRESS 874 W. MINEOLA AV. CLERMONT, FL. 34711 CITY-ST-ZIP
TITLE GM <input type="checkbox"/> Delete NAME CAMACHO, CESAR MR. STREET ADDRESS 9130 SOUTH DADELAND BLVD. SUITE 1600 CITY-ST-ZIP MIAMI, FL 33156	TITLE GM <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CAMACHO, CESAR MR STREET ADDRESS 874 W. MINEOLA AV. CLERMONT, FL. 34711 CITY-ST-ZIP	TITLE PM <input type="checkbox"/> Delete NAME CAMACHO, DIEGO MR. STREET ADDRESS 9130 SOUTH DADELAND BLVD. SUITE 1600 CITY-ST-ZIP MIAMI, FL 33156	TITLE PM <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CAMACHO, DIEGO MR. STREET ADDRESS 874 W. MINEOLA AV. CLERMONT, FL. 34711 CITY-ST-ZIP
TITLE FM <input type="checkbox"/> Delete NAME CAMACHO, SANTIAGO MR. STREET ADDRESS 9130 SOUTH DADELAND BLVD. SUITE 1600 CITY-ST-ZIP MIAMI, FL 33156	TITLE FM <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CAMACHO, SANTIAGO MR. STREET ADDRESS 874 W MINEOLA AV. CLERMONT, FL. 34711 CITY-ST-ZIP	TITLE QCM <input type="checkbox"/> Delete NAME CAMACHO, CESAR MR. STREET ADDRESS 9130 SOUTH DADELAND BLVD. SUITE 1600 CITY-ST-ZIP MIAMI, FL 33156	TITLE QCM <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CAMACHO, CESAR MR STREET ADDRESS 874 MINEOLA AV. CLERMONT, FL. 34711 CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE:		Date: 09/30/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

09/30/2005