

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 15 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000127895

1. Entity Name
OXTED INC.



Principal Place of Business
200 SOUTH BISCAYNE BLVD., STE. 4000
MIAMI, FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD., STE. 4000
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
1500 San Remo Ave.
Suite, Apt. #, etc.
125

3. Mailing Address
1500 San Remo Avenue
Suite, Apt. #, etc.
125



REINSTATEMENT

City & State
Coral Gables, FL
Zip
33146
Country
USA

City & State
Coral Gables, FL
Zip
33146
Country
USA

4. FEI Number
47-0945070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVENUE, SUITE 125
MIAMI, FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

ATRIUM REGISTERED AGENTS, INC.
Jose Nunez, VP

(NOTE: Registered Agent signature required when reinstating)

3/9/07
DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PEREZ-NEILON, CRISTINA
200 S BISCAYNE BLVD, #4000
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BUENO, FERNANDO
200 S BISCAYNE BLVD, #4000
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600093758456
03/20/07--01012--022 **300.00
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
K. Eckel MAR 15 2007
☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/07

Date

Daytime Phone #