## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127895  I Solid Norm OXTED INC.  Nation Place of Business 200 SUITH BISCAYIE BLVD. STE 4000  MAMER R 31313  2 Processed Place of Business - No.P D. Soc # 1500 San REMOVAVe.  Solid Not A Soc Solid Solid A Soc Solid Not A S	_	REINST	TEMENT			_	ED		
200 SOUTH BISCANTE BLVD., STE. 4000  MAM. Ft. 33131  MAM. Ft.	1. Entity Nam	16	7895		07 MAR 15 PM 2: 07				
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Cornal Gables, FI. Coral Gables, FI. 47-0945070   MA Applicable 20   Country 20   33146   USA   3.146   USA   S. Certificate of Status Desired   Fee Required   Fee Require	125		125					<u> </u>	
33146 USA 33146 USA 3.0 Commenced analyses of Current Registered Agent    ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVENUE, SUITE 125   MIAMI, FL 33146    8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida, I am familiar with, and accept the obligations of registering digint.  SIGNATURE    FILE NOWITI FEE IS \$300.00    19.     OFFICERS AND DIRECTORS    11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME    PEREZ-NELSON, CRUSTINA    PEREZ	Cora	l Gables, FL	Coral Gables, FL				5070 Not Appli	icable	
ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVENUE, SUITE 125  ### Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	Zip Country USA				-				
ATRILUM REGISTERED AGENTS, INC 1500 SAN REMO AVENUE, SUITE 125  MIAMI, FL 33146  8. The above named artily submits his statement for the purpose of charging its registered office or registered agent, or both, in the State of Plotide. I am familiar with, and accept he deligation of registering register.  ### JOSE NUMES, VP  Synthet Books Address (P.O. Box Number is Not Acceptable)  ### DUM REGISTERED AGENTS, INC  ### SIGNATURE  ### Signature Agent agents of specific and specific and specific or registered agent, or both, in the State of Plotide. I am familiar with, and accept he deligation or registered agent and specific registered agent with a shoulding.  #### PSD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  #### PEREZ-MELSON, CRISTINA  ***SIRET ADDRESS** OTT-51-37  #### ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  #### Delete ITILE  #### Delete  ##### Delete  #### Delete  #### Delete  ##### Delete  ##### Delete  ##### Delete  ##### Delete  ##### Delete  #################################						7			
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registering agent of the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registering agent of the purpose of changing its registered agent or both, in the State of Florids. I am familiar with, and accept the obligations of registering agent or the purpose of changing its registered agent algorithm.  SIGNATURE:    Document   Document	1500 SAN REMO AVENUE, SUITE 125								
The understanding of trajectories are and the 1 application.    Policy   Po	1410 0411, 1 L	00170		City	ity FL Zip Code				
TILE NOW!!! FEE IS \$300.00  10. OFFICERS AND DIRECTORS	the obligations of registered agent.  ATRUM RESISTERED PAGENTS, IN.  SIGNATURE  JOSE Nunez, VP  3/9/87								
TITLE NAME NAME PEREZ-NELSON, CRISTINA STRET ADDRESS CITY-ST-2P MIAMI, FL 33131  TITLE BUENO, FERNANDO 200 S BISCAYNE BLVD, #4000 STRET ADDRESS CITY-ST-2P MIAMI, FL 33131  TITLE BUENO, FERNANDO 200 S BISCAYNE BLVD, #4000 MIAMI, FL 33131  TITLE NAME STRET ADDRESS CITY-ST-2P MIAMI, FL 33131  TITLE NAME STRET ADDRESS CITY-ST-2P  TITLE NAME STRET	Fil	LE NOW!!! FEE IS \$300.00					In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice.	he	
MAKE STRET ADDRESS CITY-ST-ZP  TITLE    Delete   MAKE   DELETE   DELE				-		ADDITIONS	· · · · · · · · · · · · · · · · · · ·		
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE 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 supplier ental 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:  **Mark**  **DEC***  **PRET ADDRESS CITY-ST-ZIP  **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 supplier ental 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 the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation	NAME Street address		☐ Delete	MAI. STR	E Eet address		☐ Change ☐ A	delition	
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