

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 MAY 23 AM 8:51
CLERK OF STATE
ALLIANCE, FLORIDA

DOCUMENT # P04000129240			
1. Entity Name GRUPO KETTAL NORTH AMERICA, INC.			
Principal Place of Business 147 MIRACLE MILE CORAL GABLES, FL 33134		Mailing Address 147 MIRACLE MILE CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 98-0434837		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #231E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <u>Alex Alorda</u> Street Address (P.O. Box Number is Not Acceptable) <u>147 Miracle Mile</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title (Applicable)		DATE <u>5/21/07</u> (NOTE: Registered Agent signature required when reinstating)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALORDA, ALEJANDRO 147 MIRACLE MILE CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Oscar Moro 147 Miracle Mile Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>786-552-9002</u> Daytime Phone #	

REINSTATEMENT 06-07
05 01 05 REIN-P CR2E098 (1/07)