

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000140189

Entity Name: RADIUS UNIT 513, INC.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

206 POINCIANA ISLAND DR.
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

206 POINCIANA ISLAND DR.
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-1963883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, NANCY
206 POINCIANA ISLAND DR.
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: NANCY LOPEZ

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, AMPARO
Address: 206 POINCIANA ISLAND DR.
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP () Delete
Name: LOPEZ, NANCY
Address: 206 POINCIANA ISLAND DR.
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LOPEZ

VP

10/04/2007

Electronic Signature of Signing Officer or Director

Date