


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000149699 1. Entity Name YOSLAINE SUAREZ, P.A.						06 OCT 24 3:32	
Principal Place of Business 3000 ALTON ROAD COTTAGE MIAMI BEACH, FL 33140				Mailing Address 3000 ALTON ROAD COTTAGE MIAMI BEACH, FL 33140			
2. Principal Place of Business 770 CLAUGHTON ISLAND, OR Suite, Apt. #, etc. APT 1410 City & State MIAMI, FL Zip 33131 Country USA				3. Mailing Address 770 CLAUGHTON ISLAND DRIVE Suite, Apt. #, etc. APT 1410 City & State MIAMI, FL Zip 33131 Country USA			
4. FEI Number 34-2022419				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 11/05 06			
6. Name and Address of Current Registered Agent SUAREZ, YOSLAINE 3000 ALTON ROAD COTTAGE MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name YOSLAINE SUAREZ Street Address (P.O. Box Number is Not Acceptable) 770 CLAUGHTON ISLAND DRIVE, APT 1410 MIAMI, FL 33131 City MIAMI FL Zip Code 33131			
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>Yoslane SR</u> 10/16/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	PST SUAREZ, YOSLAINE 300 ALTON RD COTTAGE MIAMI BEACH, FL 33140			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SUAREZ, YOSLAINE 770 CLAUGHTON ISLAND DRIVE, APT 1410 MIAMI, FL, 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081129881 10/24/06--01005--013 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Yoslane Suarez, Yoslane SR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/16/06 305-7263275 <small>Date Daytime Phone #</small>			