PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCU	MENT	#	P040	001	72389

1. Corporation Name

SIGNATURE:

09 AUG 25 PM 2: 43

ALLAHASSEE FLORIDA

800158928648 08/25/09--01024--002 **150.00

RM	l Notary	/ Services Ind	C.				07/2	00158928648 770901040005 **300.00		
			1 -	ng Office Address Sheridan Street] Bein	ISTATEMENT, 07-09		
Suite, Apt. #, etc. #500		Suite, Apt. #, #500	Suite, Apt. #, etc. #500			4. Date Incom	4. Date Incorporated or Qualified To Do Business in Florida 12/27/2004			
 -	te rood, Florida	a	City & State Hollywood	City & State Hollywood, Florida			5. FEI Numbe 20-20935	er Applied For		
Zip 33021		Country USA	Zip 33021		Coun USA	="	6. CERTIFICATE	E OF STATUS DESIRED S8.75 Additional Fee requirer a Certificate of Status		
Street Add	Melendez dress (P.O. Box	7. Name and Address x Number is Not Acceptal		stered Agen	ıt		circum:	einstatement fee is imposed, except in		
3625 S. Longfellow Circle Suite, Apt. #, Etc.							are ce receive	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
City Hollywood				State Sip Code 33021				L IEE DE WAIVEU.		
8. I, being Signature of Registered	of	registered agent of the a	Mulend REGISTERED AC	oration, am f		with and accept the o	obligations of section	Date 4/20/09		
9. Namer	and Street Ad	ddresses of Each Officer	and/or Director (Fic	orida nonpre	ofit corp	orations must list at l	east 3 directors)	•		
Titles Name of Officers and/or Directors			ors	Street Address of Each Officer and/or Director				City / State / Zip		
P	Robert M	elendez		3389 Sheridan Street #50			0	Hollywood/Florida/33021		
S/T	Dania R.	Melendez		3389 S	herida	an Street #500)	Hollywood/Florida/33021		
								10/8/2		
this rei	instatement app by the corporation	plication, the reason for di	ilssolution has been he names of individe	n eliminated, Juais iisted o	l, the con on this fo	rporate name satisfie: orm do not qualify for	s the requirements ran exemption conf	apter 607 or 617, F.S. I further certify that when filling s of section 607.0401 or 617.0401, F.S., that all fees ntained in Chapter 119, F.S. The information indicated		

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #