PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014 DOCUMENT # POSOCOOL 1. Corporation Name New Beginner	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DISCOPT ING CHHC, INC	SECTETARY OF STATE TALLAR SSEE, SCRIDA 14 JUH 24 PM 3: 36
2. Principal Office Address - No P.O. Box # 2340 NW 7 St Suite, Apt. #, etc. City & State Miami - Florida	WI4-39886 3. Mailing Office Address 2340 NW 7Sf Suite, Apt. #, etc. City & State Lliami. Florida	REINSTATEMENT CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 01-28-2005 5. FEI Number Applied For
33125 Country U.5	Zip Country 33125 U.5 Current Registered Agent	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Bax Number is Not Acceptable) 2340 NW 7 S f Suite, Apt. #, Etc. City Line A being appointed the registered agent of the about	State Zip Code FL 33/25 we named comporation, am familiar with and accept the old	300261643733 06/24/1401019015 ***750.00
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Paul REGISTERED AGENT MUST SIGN Date 06/20/2014		
	d/or Director (Florida nonprofit corporations must list at les	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres Olga Gotierrez	2340 NW 75f	Miami. Florida 33125
VP NANCY E Alam	A 2340 NW 7 St	Mani Florida 33125
5 Carilad Gan	ia 2340 NW 75t	Aliami Florida 33125
		JUL 1 1 2014
		T. CARTER
10. E-mail Address: Acuario 02/2 @ aol. com (To be used for future annual report notification)		
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been gaid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE Daytime Prione Daytime Prione		