
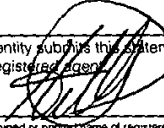


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000017726</b>			
1. Entity Name <b>VILLAHEN CORP.</b>			
Principal Place of Business <b>13876 SW 56TH STREET 398 MIAMI, FL 33175</b>		Mailing Address <b>13876 SW 56TH STREET 398 MIAMI, FL 33175</b>	
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
6. Name and Address of Current Registered Agent <b>PORRAS, LEONOR 13876 SW 56TH ST #398 MIAMI, FL 33175</b>		7. Name and Address of New Registered Agent Name <b>HENRY VILLARREAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>13876 SW 56 ST # 398</b> City <b>Miami</b> FL Zip Code <b>33175</b>	
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 		DATE <b>11-7-08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>		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 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VILLARREAL, HELLEN 13876 SW 56TH STREET MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSE R. FIGUEROA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13876 SW 56 ST # 398 MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORRAS, LEONOR 13876 SW 56TH ST #398 MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY VILLARREAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13876 SW 56 ST # 398 MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLARREAL, HENRY 13876 SW 56TH STREET MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138035427 11/18/08-01011-011 *\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH <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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11072008 REIN-P CR2E098 (1/07)

4. FEI Number  
**51-0537402**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-08