2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P05000044442** FE Y ESPERANZA, INC. 97 JAN -5 AM 8: 41 Principal Place of Business Mailing Address REINSTATEMENT66 3805 SW 40 ST 3805 SW 40 ST LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33971 2. Principal Place of Business 3. Mailing Address akene Exime Us Sanie as above Suite, Apt. #, etc. Suite, Apt. #, etc 11292006 CR2E098 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REYES, JORGE **4912 VINCENNES CT** 201 CAPE CORAL, FL 33904 8. The above named entity submits his statement for the purpose of changing its registered office or register the obligations of registered again. d agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registere printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEAVANTE, LEONYO 3805 SW 405T HEHIGH ACRES, Fl- 33971 SECAETARY PREASURERS Р ☐ Change ★ Addition TITLE ☐ Delete 10116 CERVANTES, LEONCIO NAME NAME STREET ADDRESS 3805 SW 40 ST STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33971 CITY-ST-ZIP SECAETARY VP TITLE Delete THLE MAATIN, MAAIA E 3805 SW 405T MARTIN, MARIA E NAME NAME 3805 SW 40 ST STREET ADDRESS STREET ADDRESS LEHIGH ACAES, F1-33971 CITY-ST-ZIP LEHIGH ACRES, FL 33971 CHY-S1-ZIP Change ☐ Addition TITLE Delete TITLE 200083418182 /05/07--01050--002 **150.00 FERNANDEZ, ROBERTO NAME NAME 3805 SW 40 STREET STREET ADDRESS STREET ADDRESS LEHIGH ACRES, FL 33971 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 their like empowered.

Daytime Phone #