2008 FOR PROFIT CORPORATION REINSTATEMENT

2008 FOR PROFIT CORPORATION REINSTATEMENT			SECRETARY TALLAHASSI	OF STATE
DOCUMENT # P05000070928			TALLAHASSI 09 FEB -3	AM 10: 00
Prendical Place of Business 7425 SW 31ST MIAMI, FL 23155	Mailing Address 7425 SW 31ST MIAMI, EL 33155			N ATHY ANDIE NOW LINE WELL AND THE IT LET
2. Principal Place of Business - No P.O. Box # 1013 EARL SASKO &CW.		RUSONOS BUN		
Suite, Apt. #, etc	Suite. Apt. #, etc.		12192008 REIN-P	CR2E098 (1/07)
City & State DEERGER BEACH, PL		DEMEN, FC	4. FEI Number 20-2850147	Applied For Not Applicable
3344/ Country	Zip 3344/	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New R	
HENRIQUEZ, DICHARD J 7425 SW 31ST Street Address			(P.O. Box Number is Not Acceptable	
MIAMI, 6C 33155			DEERFIELD DEACH,	
/		City		FL Zip Code
8 See 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				
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.0	•		corporation did i	vith s. 607.193(2)(b), F.S., the not receive the prior notice.
10. OFFICERS AND	DIRECTORS Delete	11. TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11 Change Addition
THEE ADDRESS 7425 SW 31ST MIAMI, FL 33155		NAME STREET ADDRESS CITY-ST-ZIP	2 0014 21 02/03/0901020	731122 J023 **300.00
10(g) NAA6	☐ Delete	TITLE NAME		Change Addition
CONCLUSION	acks	STREET ADDRESS CITY-ST-ZIP		
OTHER EINSTATEMENT.	OS - O delete	TITLE NAME		Change Addition
CITY-ST ZIP REINSTATEIVIETT.		STREET ADDRESS CITY-ST-ZIP		
THE SAME SPEEL ADDRESS CITY, ST-7/P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Crange ☐ Addition
HII; CAMI	☐ Delete	TITLE NAME		Change Addition
11 (1 - A000) (SS 11 × 12 - A000)		STREET ADDRESS CITY+ST+7IP		
0.1.1 (17.5) (19.11 0004-55 (17.5) No.	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Change ☐ Addition
12. Thereby 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 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 charged or on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #				