2006 FOR PROFIT CORPORATION REINSTATEMENT

Processed Places of Business 8650 BBCANNE RIVD. UNIT 5 MAME, FL 33138 Processed Places of Business 8650 BBCANNE RIVD. UNIT 5 MAME, FL 33138 Processed Places of Business Processed Rivors Processed Rivors	1. Entity Name	MENT # P05000073	700			•	LE		
BSSO BICKAME RUVO. UNIT 5 MAM, FL 33138 MAM, FL 33141 MAM, FL 3	Dringing Place	a of Business	Mailing Address			2006 OCT	I7 AM	11:09	
Applied For Sale Applied Sale	8650 BISCAY	NE BLVD. UNIT 5	8650 BISCAYNE BLVD. 1	unit 5	F (#81798) 211 (SECRETA TALLAHA	ARY OF	STATE LORIDA	i. Pal II (BP)
Siles And # ofc. South Carlot S	7 441	WAYNE AVE # 91	3. Mailing Address 1441 Wayne Au	r. #9P					
S. Name and Address of Currant Registered Agent S. Name and Address of New Registered Agent T. Name and Address of New Registered Agent CASTELLAR, CARLOS 7.44 1WAYNE AVENUE UNIT 9P MIAMI BEACH, FL 33141 City FL Zip Codo 8. The above named origing submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida, I am familiar with, and accept the object of registered agent. SIGNATURE System. System or present name of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Plorida, I am familiar with, and accept the object of registered agent. SIGNATURE FILE Norm: FILE Norm: SPECENTIAL STATE System. System or present name of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Plorida, I am familiar with, and accept the object of registered agent. INDIE Registered Agent registered agent, or both, in the State of Plorida. I am familiar with, and accept the object of registered agent, or both, in the State of Plorida. I am familiar with, and accept the object of registered agent. SIGNATURE SIGNATURE System your present agent or registered agent, or both, in the State of Plorida. I am familiar with, and accept the object of registered agent. INDIE Registered Agent registered agent, or both, in the State of Plorida. I am familiar with, and accept the prior notice. SIGNATURE SIGNATURE		#, etc.	Suite, Apt #, ptc.		10132006	REIN-P	CR2E09	8 (11/05)	
6. Name and Address of Currant Registered Agent 7. Name and Address of New Registered Agent CASTELLAR, CARLOS 7.41 WAYNE AVENUE LINIT 9P MIAMI BEACH, FL 33141 City FL Zip Code 8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am lamiler with, and accept the edispations of registered agent. Signart Speak of the edispations of registered agent and the fargh-states. (MOTE Registered Agent Registered Agent Registered agent, or both, in the State of Porida. I am lamiler with, and accept the edispations of registered agent. Agent Registered	MIHNI			4. FEI Numbe	·				
CASTELLAR, CARLOS 7441 WAYNE AVENUE UNIT 9P MIAMI BEACH, FL 33141 City FL Zip Code Si real Address (P O. Box Number is Not Acceptable) City FL Zip Code Si real Address (P O. Box Number is Not Acceptable) City FL Zip Code Si real Address (P O. Box Number is Not Acceptable) City FL Zip Code Si real Address (P O. Box Number is Not Acceptable) City FL Zip Code Si real Address (P O. Box Number is Not Acceptable) City FL Zip Code In accordance with s. 607.193(2)(b), F. S., the corporation of ingressed agard and site 4 reptactable MOTE Replatement Agard #spirature required when replated when r	3314	U->-4-	3314[]	Country (S. M.			_ U è	ee Required	
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code		6. Name and Address of Current R	agistered Agent	Name	7. Name and	Address of New R	legistered A	gent	
E. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rotida. I am familiar with, and accept the obligations of registered agent. City	7441 WAY	NE AVENUE UNIT 9P	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur	MIAMI REA	ACH, FL 33141				-	•		
SIGNATURE FILE NOW!!! FEE IS \$150.00				City			FL	Zip Code	·
After January 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P	SIGNATURE	Signature, typed or printed name of registered agent as	nd trile if applicable. (NOTE	: Registered Agent signature rec	uired when reinstating)		DATE		
ITILE NAME CASTELLAR, CARLOS Delete TITLE NAME TOTAL T			•						
NAME SIREE ADDRESS OTIV-ST-ZIP MIAM! BEACH, FL 33141 TITLE NAME SIREE ADDRESS OTIV-ST-ZIP TITLE SIREE ADDRESS OTIV-ST-ZIP SIREE ADDRESS OTIV				- 	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO be seem by a decident on the receiver or trustee empoyaged to execute his report as required by Chapter 607, Florida Statutes, I further certify that the information of the receiver or trustee empoyaged to execute his 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 other like propowered.	NAME STREET ADORESS		□ Delete	NAME STREET ADDRESS	, <u>, , , , , , , , , , , , , , , , , , </u>			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 empoyared to execute his 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 other like empowered.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 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 all other like impowered.	NAME STREET ADDRESS		☐ Delete	name Street address				Change	Addition
of the corporation or the receiver or trustee empowered to execute his 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 other like empowered.	NAME STREET ADORESS		☐ Delete	name Street address				Change	Addition
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Proce #	of the cor changed,	rporation or the receiver or trustee empo , or on an attachment with an address, y	wered to execute this report with all other like empowered.	as required by Chapter	607, Florida Statute	s; and that my nam	ne appears ir	n Błock 10 o	Block 11 if

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