

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000088783

Entity Name: NATHALY DOORS INC.

FILED  
Oct 16, 2008  
Secretary of State

## Current Principal Place of Business:

15815 SW 144 COURT  
MIAMI, FL 33177

## New Principal Place of Business:

4645 SW 94 AVE  
MIAMI, FL 33165

## Current Mailing Address:

15815 SW 144 COURT  
MIAMI, FL 33177

## New Mailing Address:

4645 SW 94 AVE  
MIAMI, FL 33165

FEI Number: 20-3036316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASILIO, JOSE D  
1414 NW 107 AVENUE  
206  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

AJA, ELISEO  
4645 SW 94 AVE  
MIAMI, FL 33165 US

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.

SIGNATURE: ELISEO AJA

10/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MALPICA, RICARDO  
Address: 15815 SW 144 COURT  
City-St-Zip: MIAMI, FL 33177

Title: SEC ( ) Delete  
Name: MALPICA, DENICE  
Address: 15815 SW 144 COURT  
City-St-Zip: MIAMI, FL 33177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: AJA, ELISEO  
Address: 4645 SW 94 AVE  
City-St-Zip: MIAMI, FL 33165

Title: S (X) Change ( ) Addition  
Name: MALPICA, RICARDO  
Address: 4645 SW 94 AVE  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISEO AJA

PD

10/16/2008

Electronic Signature of Signing Officer or Director

Date