## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000104317				FIL	ED.	
1. Entity Name STD OF SOUTH FLORIDA CORPORATION				07 AUG 13		)1
Principal Place of Business 19124 N W 23RD COURT PEMBROKE PINES, FL 33029	Mailing Address 19124 N W 23RD COURT PEMBROKE PINES, FL 3302	29		The second secon	£, H.ORI	il DA
2. Principal Place of Business - No P.O. Box M 1329 57, 180 PCZ CI2	3. Mailing Address 1349 ST. 18	Popen Cie				
#Suite, Apt. #, etc. #505			1	, as a Lui geni (1) [] ( )	E098 (1/23)	-07
Waston, Ma	1. 1 1.2 .   1.6 7 6 T TEN 1		4. FEWNumb	3210300		nlied For t Applicable
33326 COUNTY S A	21033326 Cc	ountry SA	5. Certificate	of Status Desired	\$8.75 Addi	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name						
MENDEZ, JAVIER A 19124 N W 23RD COURT PEMBROKE PINES, FL 33029		Syespandess	(80-Box Numb	ey is Not Acceptable	91	505
	1	191300		FI	Ø gode	22(0
8. The above named entity submits his state includer 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, Typed or printed name of Topiciare agents	find title if applicable. (NOTE: Regis	stered Agent algnature requi	ired when reinstating	DATE	61	
FILE NOW!!! FEE IS \$300.00		<u> </u>		In accordance with s. 60 corporation did not recei	7.193(2)(b), Five the prior n	F.S., the otice.
10. OFFICERS AND		ITLE	ADDITIONS,	CHANGES TO OFFICERS AN	ID DIRECTORS Change	
NAME MENDEZ, JAVIER A STREET ADDRESS 19124 N W 23RD COURT CITY-ST-ZIP PEMBROKE PINES, FL 33026	 N	NAME STREET ADORESS CITY-ST-ZIP	129 ST	T. TROpen C	,	Addition 505
TITLE NAME STREET ADDRESS CITY-ST-2IP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 08/1	00107968 3/070104500	S <b>*</b> *300	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP  THE NAME  THE NA		ITILE VAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	M S	IITLE NAME STREET ADDRESS CITY - ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M S	MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S	ITTLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
12. I hereby certify that the information adplied 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 five and eccurate and that my signature shall have the same legal effect as if made under ooth; that I am an officer or director of the corporation or the receiver or frustee 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 one like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daytone Phone #						