


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000120097		
1. Entity Name LYLIANA JUDITH MUNGARRIETA PA		

FILED
07 SEP 14 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10255 NW 9 STREET CR 403 BLG - 7 MIAMI, FL 33172 US	Mailing Address 10255 NW 9 STREET CR 403 BLG - 7 MIAMI, FL 33172 US
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2. Principal Place of Business - No P.O. Box # 9832 Costa del Sol Blvd.	3. Mailing Address 9832 Costa del Sol Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Doral, FL	City & State Doral, FL
Zip 33178	Zip 33178
Country U.S.	Country U.S.

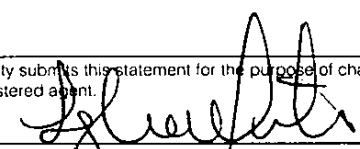


REINSTATEMENT 00-07

4. FEI Number 20-4144396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUNGARRIETA, LYLIANA 10255 NW 9 STREET CR 403 BLG - 7 MIAMI, FL 33172	7. Name and Address of New Registered Agent Name: Mungarrieta, Lyliana J. Street Address (P.O. Box Number is Not Acceptable) 9832 Costa del Sol Blvd. City: Doral FL Zip Code: 33178
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8. 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.

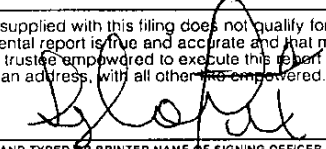
SIGNATURE:  DATE: 08/16/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNGARRIETA, LYLIANA J 10255 NW 9 STREET CR # 403 BLG 7 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Mungarrieta, Lyliana J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9832 Costa del Sol Blvd. Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109467559 08/14/07--01041--017 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:  DATE: 08/16/07 (305) 477 6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lyliana J. Mungarrieta