2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUI 1. Entity Nam SHARON	e	# P05000153 CORP.	3446				06 00	FILE	_	7
Principal Place of Business Mailing Address					·		• • • •	JANI O	L CTAT	:
3600 SW 112 PLACE			3600 SW 112 PLACE				1514.5	HASSEĚ.	្រង ស្រុក ព្រង់ស្បា	(}:A
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			10202006	REIN-P	CPSE00	8 (11/05)	ol.
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City & State			City & State			4. FEI Numb	er 3,07 3	1997		olied For≃
Zip Country		Zip Coun		atry	20-382327L Not Applicable					
Zip Country			Z.p 0001		,	5. Certificate of Status Desired See Required \$8.75 Additional				
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
					Name					
CRUZ, FR					Street Address (P.O. Box Number is Not Acceptable)					
3600 SW 112 PLACE MIAMI, FL 33165						inder Address (F.O. DOX Marrider is TWA Acceptable)				
					City			FL	Zip Code	,
O The share			and the conservation of above at the							
	named entiti ions of regis		or the purpose of changing its	register	ea office or register	ed agent, or bo	orn, in the State of F	orida. Tam ia	ımıllar with, a	and accept
_	_	•								
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Register	ed Agent signature requir	ed when reinstating	3	DATE		
							·			
		FEE IS \$150.00 107, Fee will be \$300.0	00				In accordance corporation did			
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OF	ICERS AND I	DIRECTORS	IN 11
TITLE	PST		☐ Delete	TITL					☐ Change	Addition
NAME	CRUZ, FRANCISCO A			NAM	E	70	none i	4	222	
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NAME				NAM	BE .				-	
STREET ADDRESS	1				EET ADDRESS					
CITY-\$T-2iP	L				-ST-ZIP					
12. I hereby of indicated of the corchanged	certify that the lon this report poration or to or on an att	e information supplied with int or supplemental report is he receiver or Vistee/emp achment with an address	n this filing does not qualify for s true and accurate and that is owered to execute this report with all other like empowered	r the exe ny signa as requi	emptions contained ture shall have the ired by Chapter 607	l in Chapter 119 same legal effe 7, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nar	I further certify oath; that I ar ne appears in	y that the in n an officer Block 10 or	formation or director Block 11 if
		1-4 1101	_							
SIGNAT	URE:/	(May)	<u> </u>	ran	KISKU NO	2 / 0	7-19-2 Date	006-7	86-5	43-950
		SIGNATURE AND TYPES OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Da	ytime Phone #	_ [