


2009 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P06000007109 1. Entity Name NEW PACIFICO CORPORATION	
---	---

FILED
09 FEB 17 PM 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3824 W 12 AVE HIALEAH, FL 33012	Mailing Address 18999 BISCAYNE BLVD STE 205 AVENTURA, FL 33180
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip	City & State Zip	4. FEI Number 20-4180913	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-------------------------	-------------------------	------------------------------------	---



REINSTATEMENT

08-09

6. Name and Address of Current Registered Agent LIANG, WEI JIAN 3824 W 12 AVE HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

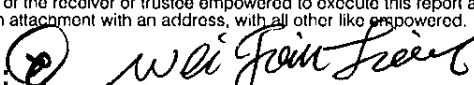

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIANG, WEI JIAN 3824 W 12 AVE HIALEAH, FL 33012	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 24px; font-weight: bold;">100143742591</div> <div style="text-align: center; font-size: 18px;">02/17/09--01005--020 **300.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THACH, THERESA 3824 W 12 AVE HIALEAH, FL 33012	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 36px; font-family: cursive;">2/2/09</div>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<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 like empowered.

SIGNATURE:   2/2/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #