2008 FOR PROFIT CORPORATION REINSTATEMENT

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2905 LENNA AVE SEFFNER, FL 33584 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.	, AM 7:57 ;	2008 APR 14 AM			1. Entity Name		
2905 LENNA AVE SEFFNER, FL 33584 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 9. Outcry 2/p Country 5. Certificate of Status Desired 5. Certificate 5. Certificate of Status Desired 5. Certificate 5. Certificate of Status Desired 5. Certificate	SFE, FLORIDA	SECRETARY UF S	THE ST. LEW.	A faille an Andreas		Dissipal Class of Busi	
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Zip Country Zip Country 5. Certificate of Status Desired Series 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 82006 LENNA AVE SEFFNER, FL 33584 City FL	CR2E098 (1/07) 107 0	04042008 REIN-Pu 4 CRZE098 (1/07) 107		Suite, Apt. #, etc.	Suite, Apt. #, etc.		
Zip Country Zip Country Sip Country S. Certificate of Status Desired \$8 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOYA, RAMON B 2906 LENNA AVE SEFFNER, FL 33584 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fam the obligations of registered agent. SIGNATURE Spatze, speed or priced were of registered agent and title 8 applicable (NOTE: Registered Agent signature required when reliabilities) DATE	Applied For Not Applicable	4. FEI Number		City & State	City & State		
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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 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 B changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARE OF SIGNING OFFICER OR DIRECTOR Date Date Date	oath; that I am an officer or director ne appears in Block 10 or Block 11 if	e same legal effect as if made under oath; that 07. Floride Statutes; and that my name appears	r the exemptions contained ny signature shall have the as required by Chapter 607	is true and accurate and that movered to execute this report, with all other like empowered.	report or supplemental report is or the receiver or trustee emporal n attachment with an address, to	12. I hereby certify the indicated on this in of the corporation changed, or on as	