


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000030532 1. Entity Name VERONICA I. TRIAS P.A.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 20 PM 12:33

Principal Place of Business 78 NW 47 TERRACE MIAMI, FL 33127	Mailing Address 78 NW 47 TERRACE MIAMI, FL 33127
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2. Principal Place of Business - No P.O. Box # 3001 South Ocean Drive	3. Mailing Address 3001 South Ocean Drive	Suite, Apt. #, etc. # 1441
City & State Hollywood, FL	City & State Hollywood, FL	Zip 33019
Country Broward	Country Broward	Country Broward

03122009 REIN-P CR2E098 (1/07)

4. FEI Number 20-8825521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TRIAS, VERONICA I
 78 NW 47 TERRACE
 MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name **Veronica I Trias**
 Street Address (P.O. Box Number is Not Acceptable)
3001 South Ocean Drive #1441
 City **Hollywood** **FL** Zip Code **33019**

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	
TITLE	D <input type="checkbox"/> Delete
NAME	TRIAS, VERONICA I
STREET ADDRESS	78 NW 47 TERRACE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica I. Trias
STREET ADDRESS	3001 South Ocean Drive #1441
CITY-ST-ZIP	Hollywood, FL 33019
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X 3-12-09 305-215-7271

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