

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000041108

1. Entity Name
BELUH INTERNATIONAL SERVICES, CORP.



FILED

08 MAR 11 AM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4761 NW 72 AVENUE
MIAMI, FL 33166 US

Mailing Address

4761 NW 72 AVENUE
MIAMI, FL 33166 US

2. Principal Place of Business - No P.O. Box #

5507 NW 72 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03102008 REIN-P CR2E098 (1/07)

City & State

MIAMI FL

City & State

4. FEI Number

20-4625104

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENAO, BEATRIZ L
4761 NW 72 AVENUE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name BEATRIZ L. HENAO.

Street Address (P.O. Box Number is Not Acceptable)

5507 NW 72 AVE

City MIAMI

FL

Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/08

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 P
NAME HENAO, BEATRIZ L
STREET ADDRESS 4761 NW 72 AVENUE
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 5507 NW 72 AVE ☒ Change ☐ Addition
STREET ADDRESS MIAMI, FL 33166
CITY-ST-ZIP

TITLE
NAME 800121252928
STREET ADDRESS 03/25/08--01053--024 ***300.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME REINSTATEMENT 07-08 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #