## 2008 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	ie	# P06000045 DFING INC	5333			FILED 08 AUG -8 AM 8: 20				
Principal Place of Business Mailing Address					<u> </u>	1	SEC	RETARY AHASSE	OF STA	<u> </u>
519 N.W. 10 MIAMI, FL 3			519 N.W. 10 STREET Miami, FL 33136				IALL	ДПДЗЭС	F' 1 1 11,	
2. Principal P	face of Busin	ness - No P.O. Box #	3. Mailing Address			RET			世代	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04212008	REIN-P	CR2E	098 (1/07)	-
City & State	е		City & State			4. FEI Numbe	20-453	5169		pplied For ot Applicable
Zip	Country		Zip Coun		ry 5. Certifica		of Status Desired	CR 75 Additional		
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name						
RODRIGU 519 N.W. 1 MIAMI, FL	10 STREE					P.O. Box Number	er is Not Accepta	ole)	······································	
r				Cin						
8 The above	named entit	y cultimite this atatament for	or the ourgoes of changing its	ronietor	City	red agent or bot	h in the State of	FL	Zip Coc	
8. The above named entity submits this exatement 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.  MAY 09/2008										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
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			ADDITIONS/	CHANGES TO O	FFICERS AND			
TITLE NAME	D RODRIGI	JEZ, CARLOS A	☐ Delete	Delete TITLE NAME					☐ Change	☐ Addition
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TITLE		. ,	☐ Delete			<u> </u>	991 <b>7</b> 2	N'Z		Addition
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NAME			□ Detete	NAM	E				☐ criange	☐ Addation
STREET ADDRESS CITY-SY-ZIP	<u> </u>				ET ADDRESS -ST-ZIP					
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NAME Street Address					ET ADDRESS	<del>507.5</del>	<del>0/ 00 <b>v</b> 0 </del> 0.	nor see	***[.	<del>₩.₩</del>
CITY-ST-ZIP			☐ Delete	CITY	-ST-ZIP				☐ Change	☐ Addition
NAME			Dolot	NAM	E,	grane.	. وحسن کی وحسن وست	وست		
STREET ADDRESS CITY-ST-ZIP	.,,		ET ADDRESS -ST-ZIP	800134950668 08/26/0801005022 **150.00						
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.  MAY 09/2008 786) 260-7269										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date										

Nr 8/14