

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000046657

1. Entity Name
CRE-C CORP.



FILED

2007 DEC 19 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12360 SW 132ND CT., #212
MIAMI, FL 33186

Mailing Address
12360 SW 132ND CT., #212
MIAMI, FL 33186

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
20-4608839

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRUITERO, CARLOS E
12360 SW 132ND CT., #212
MIAMI, FL 33186

Name
ALEJANDRA ORREGO

Street Address (P.O. Box Number is Not Acceptable)
13820 SW 202 AVE

City
MIAMI FL 33196

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 ALEJANDRA ORREGO DATE 12/13/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$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 PD ☒ Delete
NAME CARRUITERO, CARLOS E
STREET ADDRESS 12360 SW 132ND CT., #212
CITY-ST-ZIP MIAMI, FL 33186

TITLE PD ☐ Change ☒ Addition
NAME ALEJANDRA ORREGO
STREET ADDRESS 13820 SW 202 AVE
CITY-ST-ZIP MIAMI FL 33196

TITLE VD ☐ Delete
NAME PEREZ, FLOR ALBA O
STREET ADDRESS 12360 SW 132ND CT., #212
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME 700113266607
STREET ADDRESS 12/19/07--01009--009 **158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Flor Alba Osorio DATE 12/13/07 (305) 259-5454