

2008 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P06000049006 | | | |  | | FILED | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name DIOMEDES SOTO, PA | | | | <div style="font-size: 2em; font-weight: bold;">JA</div> <div style="text-align: right; margin-top: 10px;">08 MAR 18 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |  <div style="text-align: right; margin-top: 10px;">REINSTATEMENT 07-08 <small>03172008 REIN-P CR2E098 1/01</small></div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6530 METRO WEST BLVD APT 606 ORLANDO, FL 32835 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 6530 METRO WEST BLVD APT 606 ORLANDO, FL 32835 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOTO, DIOMEDES 6530 METRO WEST BLVD APT 606 ORLANDO, FL 32835 | | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 03/17/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td style="width: 60%;">P</td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SOTO, DIOMEDES</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6530 METRO WEST BLVD APT 606</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO, FL 32835</td><td></td></tr></table> | | | | TITLE | P | <input type="checkbox"/> Delete | NAME | SOTO, DIOMEDES | | STREET ADDRESS | 6530 METRO WEST BLVD APT 606 | | CITY-ST-ZIP | ORLANDO, FL 32835 | | <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td style="width: 60%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td><td style="width: 20%;"></td></tr><tr><td>NAME</td><td>500120758215</td><td></td></tr><tr><td>STREET ADDRESS</td><td>03/19/08--01040--003 **\$300.00</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | | | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | NAME | 500120758215 | | STREET ADDRESS | 03/19/08--01040--003 **\$300.00 | | CITY-ST-ZIP | | |
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| 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:  | | | | DATE 03/17/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | |