2007 FOR PROFIT CORPORATION REINSTATEMENT

		VEINST	<u> </u>	,								
DOCUMENT # P06000060465 1. Entity Name ADANZI EXCLUSIVE CORP								FILED				
ADANZU EXCLUSIVE, CORP.							07 OCT 16 AM 8: 46					
Principal Place of Business Mailing Address							orphysic And OF STATE					
_ ,				3148 NW 35TH ST.			ALLAHASSEE, FLORIDA					
				MIAMI, FL 33142			-		, .=			
							_ _ 					
Principal Place of Business - No P.O. Box # Suite. Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			1 PEGN STATEMENT 098 (166)					
City & State				City & State			4. FEI Numb		VIC POP	Prepare to	pplied For	
Oily a dialo				City d Glate			_	815341		├ ─	t Applicable	
Zip	Country			Zip Co.		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current Regis				stered Agent		7. Name and	d Address of New	Registered	Agent			
ZUNIGA A	ADANI.					Name						
ZUNIGA, ADAN 3148 NW 35TH ST.					Street Address	ess (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33142												
	_					City			FL	Zip Cod	e	
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. Lam familiar with, and accept												
the obligations of registered agent												
SIGNATURE 10/10/2007												
Signature. Theg or printed and stille is applicable. (NOTE: Registered Agent signatura required when reinstating) OATE												
1	FEE IS \$150.00 08, Fee will be \$300.					In accordance corporation die						
10. OFFICERS AND DI				IRECTORS 11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITU	Ε				☐ Change	Addition	
NAME	ZUNIGA,		NAME									
STREET ADDRESS 3148 NW 35TH ST. CITY-ST-ZIP MIAMI, FL 33142					ET ADDRESS -ST-ZIP		101103 70201052	3624	l BB			
	MIAMI, FL	_ 33142		+		10/16	<i>4</i> 1401054	<u>015</u>				
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CITY-ST-ZIP					CITY	-ST-ZIP						
12. I hereby	certify that th	e information supplied wi	th this	filing does not qualify fo	the ex	emptions containe	ed in Chapter 11	9, Florida Statutes.	I further cer	tify that the in	nformation	
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 trystes empowered do 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 all after like empowered.												
Jilangeu,	, or on an all	1 11/50	7	Z and dripowered	•							
SIGNATURE: 10/10/2007 (786)344 2131 SIGNATURE: Date OF SIGNING OFFICER OR DIRECTOR 10/10/2007 (786)344 2131 Date Daylura Phone #											2131_	