2007 FOR PROFIT CORPORATION REINSTATEMENT

| Principle Pace of Bruness - No P.O. Box # 3, Mailling Address 140 S.U. 14 12182007 REIN-P CR2E098 (1/07) | | MENT # P06000080 | 813 | | h ILE! |
|--|---------------------------------------|---|--|----------------------------|--|
| Wilding Model Process of Success and Process of Contract Registered Algerity Process of Success Process of Contract Registered Algerity Process of Contract Registered Process Process of Contract | | | P. | | 2007 DEC 24 PH 2: 32 |
| Proceed Place of Business - No Pro. Box # 10 10 10 10 10 10 10 | 6555 NW 36 | S ST STE #222 | 6555 NW 36 ST STE #22 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 1282007 RRINP CR25098 (1/07) CR250 | 1401 5 | Wilitar Trl. | I INAL C. III. | day Tol | |
| Not Applicable Not | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | / | 12182007 REIN-P CR2E098 (1/07) |
| S. Name and Address of Courtett Registered Agent | | | | Bouch 61 | 4. FEI Number Applied For Not Applied For Not Applied For |
| Name | Zip | 1115 CO.S. A | 33415 | Country S.A. | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| The above named entity submits this statement for the purpose of changing its registered either or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 | 206 GULF | MIGUEL C 12 ST | ogetor our rigori. | | Wignel Cabello resp. (P. Box Number is Not Acceptable) |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent. CRNATURE | | | | City • | I Zip Code |
| FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 DIFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 1. DP DEL RIO, MIGUEL C S555 NW 36 ST STE #222 VIRIGIVIA GARDENS, FL 33166 URE ANAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRE | 8. The above | e named entity submits this statement for | the purpose of changing its re | gistered office or re | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP DEL RIO, MIGUEL C MET ADDRESS 6555 NW 36 ST STE #222 VIRIGIVIA GARDENS, FL 33166 Deide TIRE MAKE STREET ADDRESS CITY-ST-2P URIGINA GARDENS, FL 33166 Deide TIRE NAME STREET ADDRESS CITY-ST-2P DEIDE | the obligat -SIGNATURE | | | | |
| O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DEL RIO, MIGUEL C REST ADDRESS DEL RIO, MIGUEL C STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P Change Change Change Change Change | | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: F | Registered Agent signature | e required when reinstating) DATE |
| THE DP DEL RIO, MIGUEL C S555 NW 36 ST STE #222 VIRIGIVIA GARDENS, FL 33166 CITY-ST-ZP CITY-ST-Z | | | 0 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| DEL RIO, MIGUEL C BEET ADDRESS TIREET ADDRESS TITY-ST-ZIP Delete TITLE MAME STREET ADDRESS TITY-ST-ZIP Delete TITLE MAME STREET ADDRESS TY-ST-ZIP Delete TITLE | 10. | | | T - | |
| TY-ST-ZIP VIRIGIVIA GARDENS, FL 33166 CITY-ST-ZIP LICE MAKE MEET ADDRESS TY-ST-ZIP Delete Delete TITLE NAME STREET ADDRESS TY-ST-ZIP Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition C | IAME | DEL RIO, MIGUEL C | □ Delete | | Migrel Capello |
| THE MAKE STREET ADDRESS CTTY-ST-ZIP 12:33 | STREET ADORESS CITY-ST-ZIP | | | | |
| STREET ADDRESS TY-ST-ZIP Delete TITLE | TTLE | | ☐ Delete | TITLE | |
| NAME REET ADDRESS TY-ST-ZIP TILE ME REET ADDRESS TY-ST-ZIP TILE ME REET ADDRESS TY-ST-ZIP TILE ME Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS TY-ST-ZIP TILE NAME STREET ADDRESS TY-ST-ZIP TIL | NAME Street Address City-St-Zip | | | STREET ADDRESS | |
| STREET ADDRESS TY-ST-ZIP TILE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP THE ODERS CITY-ST-ZIP THE ODERS THE ODERS THE ODERS THE | TITLE | | ☐ Delete | | ☐ Change ☐ Addi |
| THE CHANGE MARE MERET ADDRESS TY-ST-ZIP THE CHANGE MARE STREET ADDRESS TY-ST-ZIP THE CHANGE STREET ADDRESS TY-ST-ZIP THE CHANGE TITLE NAME NAME STREET ADDRESS TY-ST-ZIP 2. 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | STREET ADDRESS | | | STREET ADDRESS | |
| TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Z. 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 inclicated 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 in the changed, or on an attachment with an address, with all other like empowered. SIGNATURE: M. quel Cabello 12/18/07 | TITLE NAME | | ☐ Delete | TITLE | ☐ Change ☐ Addi |
| THE Delete TITLE NAME REET ADDRESS TY-ST-ZIP THE NAME STREET ADDRESS TY-ST-ZIP 2. 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 inclicated 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 recopration 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | TREET ADDRESS | | | | |
| STREET ADDRESS TY-ST-ZIP TIFE Delete TIFLE NAME STREET ADDRESS TY-ST-ZIP Leter ADDRESS TY-S | TITLE | | ☐ Delete | 1 | ☐ Change ☐ Addi |
| TIFE NAME REET ADDRESS TY-ST-ZIP 2. 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 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | IAME Street address | | | | |
| NAME STREET ADDRESS TY-ST-ZIP 2. 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | SITY-ST-ZIP | | | CITY-ST-ZIP | |
| TY-ST-ZIP 2. 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | itlę Iame | | ☐ Delete | | ☐ Change ☐ Addi |
| 2. 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | STREET ADDRESS | | | | |
| | | Learning that the information supplied with | this filing does not qualify for the | he exemptions cont | the same legal effect as if made under oath: that I am an officer or direct |
| 17) | of the cor | i on this report or supplemental report is poration or the receiver or trustee empo | wered to execute this report as | required by Chapte | er 607, Florida Statutes; and that my name appears in Block 10 or Block 1: |
| | of the cor changed, | I on this report or supplemental report is reportation or the receiver or frustee empor, or on an attachment with an address, w | wered to execute this report as ith all other like empowered. | in yel Ca | bello 12/18/07 |