

FROM : Acctng. Res

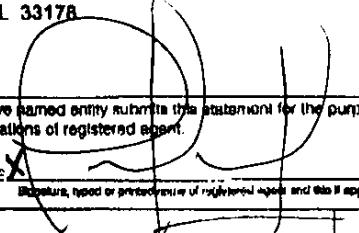
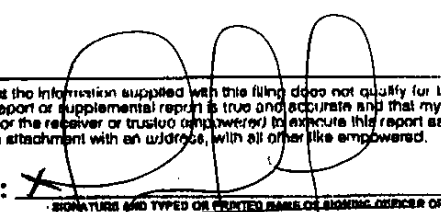
FAX NO. : 9545818005

Sep. 18 2007 11:25AM P2

**2007 FOR PROFIT CORPORATION  
REINSTATEMENT****FILED**

2007 SEP 20 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09/21/07--01062--003 \*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 |                                                                        |                                                                                   |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P06000132125</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 |                                                                        |  |                                   |
| 1. Entry Name<br><b>LUISA SILVA, PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                 |                                                                        |                                                                                   |                                   |
| Principal Place of Business<br><b>10916 NW 58TH TERRACE<br/>MIAMI, FL 33178 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                 | Mailing Address<br><b>10916 NW 58TH TERRACE<br/>MIAMI, FL 33178 US</b> |                                                                                   |                                   |
| 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                           |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                 |                                                                        | Applied For<br><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                            |                                                                                   |                                   |
| <b>SILVA, LUISA<br/>10916 NW 58TH TERRACE<br/>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 | Name                                                                   |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | Street Address (P.O. Box Number is Not Acceptable)                     |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | City                                                                   |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                 | FL Zip Code                                                            |                                                                                   |                                   |
| 8. The above named entry 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: <b>9/1/7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                 |                                                                        |                                                                                   |                                   |
| FILE NOW! FEE IS \$150.00<br>After January 1, 2008, Fee will be \$300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                 |                                                                        |                                                                                   |                                   |
| In accordance with s. 807.103(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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                            | <input type="checkbox"/> Delete | TITLE                                                                  | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SILVA, LUISA</b>          |                                 | NAME                                                                   |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>10916 NW 58TH TERRACE</b> |                                 | STREET ADDRESS                                                         |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MIAMI, FL 33178</b>       |                                 | CITY-ST-ZIP                                                            |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | <input type="checkbox"/> Delete | TITLE                                                                  | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                 | NAME                                                                   |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 | STREET ADDRESS                                                         |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                 | CITY-ST-ZIP                                                            |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | <input type="checkbox"/> Delete | TITLE                                                                  | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                 | NAME                                                                   |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 | STREET ADDRESS                                                         |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                 | CITY-ST-ZIP                                                            |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | <input type="checkbox"/> Delete | TITLE                                                                  | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                 | NAME                                                                   |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 | STREET ADDRESS                                                         |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                 | CITY-ST-ZIP                                                            |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | <input type="checkbox"/> Delete | TITLE                                                                  | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                 | NAME                                                                   |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                 | STREET ADDRESS                                                         |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                 | 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 807, 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: <b>9/1/7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                 |                                                                        |                                                                                   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                 |                                                                        |                                                                                   |                                   |

9/25  
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