


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN -5 PM 3:10

DOCUMENT # P06000134977		
1. Entity Name NECOQUEN INC.		

Principal Place of Business 2150 SW 16TH STREET 307 MIAMI, FL 33145	Mailing Address 2150 SW 16TH STREET 307 MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box # 110 S. Shore Dr # 6E	3. Mailing Address 110 S. Shore Dr # 6E
Suite, Apt. #, etc.	Suite, Apt. #, etc.

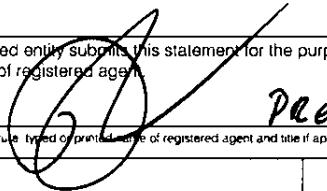
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33141	Zip 33141
Country US	Country US



6. Name and Address of Current Registered Agent  HIDALGO, PABLO F 2378 SW 18TH STREET MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Hector D. Rubio Street Address (P.O. Box Number is Not Acceptable) 110 S-shore Drive # 6E City Miami Beach FL Zip Code 33141	
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4. FEI Number 20-5767597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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.

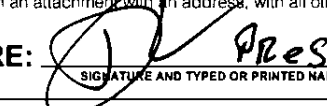
SIGNATURE:  President 04-30-09

(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIO, HECTOR D 2150 SW 16TH STREET # 307 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800156845508 06/05/09--01004--014 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIDALGO, PABLO F 2378 SW 15TH STREET MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  President 04-30-09 786-306-7853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #