2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P06000150575

Entity Name: JUANITA'S ORCHIDS II, INC.

Current Principal Place of Business:

28910 SW 146 AVENUE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

28910 SW 146 AVENUE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 20-8005181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRERAS, PATRICIA
28910 SW 146 AVENUE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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.

SIGNATURE: PATRICIA CONTRERAS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONTRERAS, SAN JUANA
Address: 28910 SW 146 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Delete
Name: CONTRERAS, VICENTE SR.
Address: 28910 SW 146 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: TRES ( ) Delete
Name: CONTRERAS, PATRICIA
Address: 28910 SW 146 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change ( ) Addition
Name: CONTRERAS, PATRICIA
Address: P.O BOX 925040
City-St-Zip: MIAMI, FL 33092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CONTRERAS TRES 03/10/2009

Electronic Signature of Signing Officer or Director Date