

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000150868

**FILED**  
**Apr 02, 2008**  
**Secretary of State**

**Entity Name:** CONSTANCA DE JESUS PA

**Current Principal Place of Business:**

8777 COLLINS AVE - # 1102  
SURFSIDE, FL 33154

**New Principal Place of Business:**

16699 COLLINS AVENUE  
SUITE 3208  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

8777 COLLINS AVE - # 1102  
SURFSIDE, FL 33154

**New Mailing Address:**

16699 COLLINS AVENUE  
SUITE 3208  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 36-4599786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE JESUS, CONSTANCA  
8777 COLLINS AVE - # 1102  
SURFSIDE, FL 33154 US

**Name and Address of New Registered Agent:**

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 US

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: FERNANDO SILVA

04/02/2008

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: PD ( ) Delete  
Name: DE JESUS, CONSTANCA  
Address: 8777 COLLINS AVE - # 1102  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DE JESUS, CONSTANCA  
Address: 16699 COLLINS AVENUE SUITE 3208  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: CONSTANCA DE JESUS

PD

04/02/2008

Electronic Signature of Signing Officer or Director

Date