

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 10 PM 1:04

DOCUMENT # P07000012662		
1. Entity Name NAVARRO INVESTMENTS CORP		

Principal Place of Business 4264 FOREST LANE PALM SPRINGS, FL 33406	Mailing Address 4264 FOREST LANE PALM SPRINGS, FL 33406
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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

06032009 REIN-P CR2E098 (1/07)

4. FEI Number 20-8325279	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.		By: <u><i>Natalia Utrera</i></u> Natalia Utrera, Vice President		DATE: 6-8-09	
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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-STATE-ZIP	DP NAVARRO, ALEX 4264 FOREST LANE PALM SPRINGS, FL 33406	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVS NAVARRO, EVA 4264 FOREST LANE PALM SPRINGS, FL 33406	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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 667, 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.	
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SIGNATURE: <u><i>Alex Navarro</i></u>	Alex Navarro, President	Date	Daytime Phone #
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