2008 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P07000022053 | | | | | | | | • |
|--|---|-----------------------------------|------------------|--|--|--|----------------------------|-----------------------------|
| 1. Entity Name ONI OKAN CORP | | | 9 | | | Fł | LED | ; _ |
| | | | J. | | | 08 DEC 11 | D PM 3 | # 31 |
| Principal Place of Bi | usiness N | lailing Address | | | | | | |
| *====:**: | | 3305 SW 124 ST MIAMI, FL 33175 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business - No P.O. Box # 3. Malling Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 11112REINSFATEMENT(1/07)-08 | | | |
| City & State | | City & State | | | 4. FEI Number | 8506344 | + | oplied For ot Applicable |
| Zip | Country Zip | | Country | | | of Status Desired | \$8.75 Add Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | |
| FRIOL, LUIS ALBERTO | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 3305 SW 124 C MIAMI, FL 331 | | Street Add | | Street Address (| P.O. Box Numb | er is Not Acceptable) | | |
| | | | | City | FL ZIp Code | | | |
| | ed entity submits this statement for the | purpose of changing its re | gistered | office or register | ed agent, or bo | th, in the State of Florida. I am | familiar with, | and accept |
| SIGNATURE | I True | | | | | Dec. 81 | 200 | 8 |
| | ure, typed or printed name of registered agent and title | s f applicable. (NOTE: I | Registered A | gent signature requir | ed when reinstating | | | |
| | OWIII FEE IS \$150.00 1, 2009, Fee will be \$300.00 | | | | | In accordance with s. 607 corporation did not receiv | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | | ADDITIONS | CHANGES TO OFFICERS AND | D DIRECTORS | S IN 11 |
| TITLE P | OL, LUIS A | ☐ Delete | TITLE NAME | | | | Change | Addition |
| STREET ADDRESS 330 | 5 SW 124 CT MI, FL 33175 | | STREET A | | 12/1 | 00138876 0/0801029008 | 6 51 8 **158 | 3.75 |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | 1 | | NAME STREET A | NOORESS | | | | |
| CITY-ST-ZIP | - h | | CITY-ST | -ZIP | | | | |
| TITLE NAME | Nº (2/10) | ☐ Delete | TITLE NAME | | | | Change | Addition |
| STREET ADDRESS | L | | STREET A | NODRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST- | - ZIP | | | | |
| TITLE NAME | | Delete | TITLE | | | | Change | Addition |
| STREET ADDRESS | | | STREET A | 1 | | | | |
| CITY-ST-ZIP TITLE | | Delete | CITY-ST- | - ZIP | | | ☐ Change | Addition |
| NAME | | C Delete | NAME | | | | C Griange | CD vocition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET A | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET A | 1 | | | | |
| | that the information supplied with this is report or supplemental report is true ion or the receiver or trustee empowers an attachment with a address, with a | | the exemp | ptions contained | | | | |
| | | | | | | Du. 8/2008 | 780- | |
| SIGNATUR | GIGNATURE AND TYPED OR PRINTI | ED NAME OF SIGHING OFFICER OF | R DIRECTOR | <u></u> . | ************ | 110.6/0008 | Daytime Phone # | |
| | | | | | | | | |