

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000030075	
1. Entity Name VASAN, INC.	



08 DEC -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 223 N.W. 129 AVENUE MIAMI, FL 33182	Mailing Address 223 N.W. 129 AVENUE MIAMI, FL 33182
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2. Principal Place of Business - No P.O. Box # 65W 27 ST	3. Mailing Address 14853 SW 24 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah	City & State MIAMI FLA
Zip 33010	Country Florida
Zip 33185	Country US

6. Name and Address of Current Registered Agent CASTANEDA, JOSE R 223 N.W. 129 AVENUE MIAMI, FL 33182	
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7. Name and Address of New Registered Agent Name: Sandra Castaneda Street Address (P.O. Box Number is Not Acceptable): 14853 SW 24 ST. City: MIAMI FL Zip Code: 33185	
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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. SIGNATURE: <u>Sandra Castaneda</u> DATE: <u>11/16/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTANEDA, SANDRA 223 N.W. 129 AVENUE MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Sandra Castaneda 14853 SW 24 ST. MIAMI FLA 33185 <input checked="" 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	200138075972 11/19/08--01018--017 **750.00 <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

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: <u>Vasan Inc. Sandra Castaneda</u> DATE: <u>11/16/08</u> DAYTIME PHONE: <u>(305) 297-1252</u>	

REINSTATEMENT 08
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