

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-P CR2E098 (1/07)

4. FEI Number **22-3966584** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. **SPIEGEL & UTRERA, P.A.**

SIGNATURE BY: *Natasha Utrera*
Natasha Utrera, Vice President

11-3-08
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ISLA, JOSE C
STREET ADDRESS 9485 BOCA COVE CIRCLE #702
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000138034810**
CITY-ST-ZIP **11/18/08--01009--007 **150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jose C. Isla* Jose C. Isla, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **C561 302 0425**
Daytime Phone #