

FILING CANCELLED
RETURNED CHECK

**2011 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P10000046841 1. Entity Name EL URU, CORP.	
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FILED

11 OCT 18 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

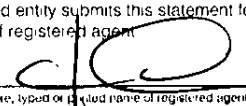


10182011 REIN-P CR2E098 (1/07)

Principal Place of Business 11380 BISCAYNE BOULEVARD LOT 38 MIAMI, FL 33181		Mailing Address 11380 BISCAYNE BOULEVARD LOT 38 MIAMI, FL 33181	
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
4. FEI Number 27-2789774		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE LA ROSA, JUAN B 11380 BISCAYNE BOULEVARD LOT 38 MIAMI, FL 33181		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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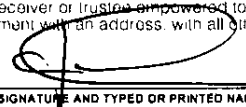
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 10/18/11

FILE NOW!!! FEE IS \$750.00 After January 1, 2012, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE LA ROSA, JUAN B 11380 BISCAYNE BOULEVARD, LOT 38 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE LA ROSA, JUAN B 11380 BISCAYNE BOULEVARD, LOT 38 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - 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 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:  DATE 10/18/11 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR