2020 Reinstatement 1 of 2

DOCUMENT # P19000082889

1. Entity Name
CII....CORP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
20 OCT -9 AM 11: 12

Principal Place of Business
12490 NE 7 AVE
211
MIAMI, FL 33161

Mailing Address
12490 NE 7 AVE
211
MIAMI, FL 33161

10082020 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box # 915 NE 125 Street	3. Mailing Address ← SAME
Suite, Apt #, etc 104	Suite, Apt. #, etc.
City & State North Miami	City & State
Zip 33161 / Country DADE	Zip / Country

4. FEI Number 47-5066580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANC, JUNO
12490 NE 7 AVE
211
MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable) Same as above.
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.

SIGNATURE [signature] 10-08-2020
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 25, 2015

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete BLANC, JUNO ~~12490 NE 7 AVE SUITE~~ ~~MIAMI, FL 33161~~ Same as above.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100353499261 10/09/20--01024--018 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 dcc 10/9/20

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: [signature] 10-08-2020 ciiservicecorp@yahoo.c
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

Voluntary Dissolved 7/29/20
Revocation filed 10/2/20

Since AR was not filed had to Admin dissolve.

Because we were backlogged was not charged the reinstatement fee just charged late fee.

dcc
10/9/20