

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000008717

1. Entity Name
NEW FLORIDA HOLDINGS, INC.



FILED

07 NOV -8 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



REINSTATEMENT 2007

Principal Place of Business
4779 COLLINS AVE.
SUITE 401
MIAMI BEACH, FL 33140 US

Mailing Address
4779 COLLINS AVE.
SUITE 505
MIAMI BEACH, FL 33140 US

2. Principal Place of Business - No P.O. Box #
40 TEW CARDENAS LLP
Suite, Apt. #, etc.
1441 BRICKELL AVE, 15TH FL.
City & State
MIAMI, FL
Zip
33131
Country
USA

3. Mailing Address
40 TEW CARDENAS LLP
Suite, Apt. #, etc.
1441 BRICKELL AVE, 15TH FL.
City & State
MIAMI, FL
Zip
33131
Country
USA

4. FEI Number
65-0374936

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LORENZEN, DICK
CARUANA AND LORENZEN P #1000
44 WEST FLAGLER ST
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name
THOMAS R. LEHMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
40 TEW CARDENAS LLP
1441 BRICKELL AVE, 15TH FLOOR
City
MIAMI
FL
Zip Code
33131

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 *[Handwritten Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 10-5-07

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUCIO, ATHAYDE 4779 COLLINS AVE., #401 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATHAYDE, MUCIO 40 TEW CARDENAS LLP, 1441 BRICKELL AVE. MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANTON, ATHAYDE 4779 COLLINS AVE 507 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATHAYDE, DANTON 40 TEW CARDENAS LLP, 1441 BRICKELL AVE. MIAMI, FL 33131 <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: *[Handwritten Signature]* DANTON ATHAYDE 11/6/07 (305) 536-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #