

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000089975

Entity Name: AMAZONIA ORCHIDS, INC.

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17899 SW 280TH ST.  
HOMESTEAD, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

17899 SW 280TH ST.  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

FEI Number: 65-0703459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAHIZ, AXEL J  
17899 SW 280TH ST.  
HOMESTEAD, FL 33031 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: AXEL J. CAHIZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CAHIZ, AXEL J  
Address: 17899 SW 280TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: DV  
Name: CAHIZ, CARLOS SR  
Address: 17899 SW 280TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: DS  
Name: CAHIZ, CRISTIAN J  
Address: 17899 SW 280TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AXEL J. CAHIZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

01/17/2012

\_\_\_\_\_  
Date