

FROM : LAZARUS

FAX NO. : 3052201440

Apr. 17 2008 10:11AM P1

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT****DOCUMENT # P97000093719**1. Entity Name  
**MARIA CANO CONSULTING, CORP.**

2008 APR 18 PM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**11780 SW 2ST  
FORT LAUDERDALE, FL 33325 US**Mailing Address  
**15237 NW 88 CT  
HIALEAH, FL 33018 US**2. Principal Place of Business - No P.O. Box #  
**1800 WEST 49 STREET  
Suite, Apt. #, etc. 215**3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.City & State  
**HIALEAH FL**  
Zip  
**33012** Country  
**US**

City &amp; State

Zip

Country

04172008 REIN-P CR2E098 (1/07)

4. FEI Number  
**65-0791656**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****CANO, MARIA E  
15237 NW 88 COURT  
MIAMI LAKES, FL 33018****7. Name and Address of New Registered Agent**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CANO, MARIA E<br/>11780 SW 2ST<br/>PLANTATION, FL 33325</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CANO MARIA E.<br/>19554 NW 67216 PL<br/>MIAMI GARDEN FL 33055</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>800124337128<br/>04/18/08--01026--001 **300.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2008

4118