T. Roberts MAY 05 2005

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 APR 26 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021979

1. Entity Name
PEUMA, INC.

Principal Place of Business
130 KNOLLWOOD DRIVE
KEY BISCAYNE, FL 33149 US

Mailing Address
130 KNOLLWOOD DRIVE
KEY BISCAYNE, FL 33149 US

04-05

04072005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
39 WINDOWER DR.	C/O H. CEBALLOS
Suite, Apt. #, etc.: 39 WINDOWER DR.	Suite, Apt. #, etc.: 354 SEVILLA AVE
City & State: ASHEVILLE, N.C.	City & State: CORAL GABLES FL
Zip: 28803-8401 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0817557 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALVO, LIZABETH F
328 CRANDON BLVD SUITE 226
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name: CEBALLOS, HAYDEE
Street Address (P.O. Box Number is Not Acceptable): 354 SEVILLA AVENUE
City: CORAL GABLES FL Zip Code: 33134

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: Haydee Ceballos 4-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASASCO, FERNANDO E PO BOX 1366 KEY BISCAYNE, FL 33149	☒ Delete	DP CASASCO, FERNANDO E 39 WINDOWER DR. ASHEVILLE, N.C. 28803-8401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUCH, CATHERINE L PO BOX 1366 KEY BISCAYNE, FL 33149	☒ Delete	DST COUCH, CATHERINE L. 39 WINDOWER DR. ASHEVILLE, N.C. 28803-8401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200054225532 05/10/05--01082--019 **908.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ FERNANDO CASASCO 4/21/05 828-687-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT