2007 FOR PROFIT CORPORATION REINSTATEMENT

EPRION NETW HERE IS \$300.00 The Discontrance of Statistics of Mary II PM 5: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA MAMI, FL 33186 MAMI		REINST	ATEMENT"				_	Parties American	ILED)	
AND THE NORTH FEE IS SPOODED OF CORRECTORS TH		—	6792					Į.	Reserve Lances E et	ş	
MAMI, FL 33186 COUNTY Solid Application of State Desired For Required For Requir											
MAMI, FL 33186 COUNTY Solid Application of State Desired For Required For Requir	Principal Plac	e of Business	Mailing Address		1		<u>i</u>	SECRE	TARY OF S	STATE	Δ
MAMI, FL 33186	14025 SW 1-3	42 AVE						IALLAI	THOULENT	_0,,,,	
Suite. Apt. #. dic. Suite. Ap	_	3186	-								
Suite, April 4, etc. Suite	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address 5.20 Bucke	ما المو	u Dei	we.					
The above named entity adjudes and TERMANDEZ-ARCHE, RAUL SIGNATURE FILE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS The above named entity adjudes and TERMANDEZ-ARCHE, RAUL SIGNATURE FERNANDEZ-ARCHE, RAUL SIGNATURE SOCIETY STORES ON 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECTORS THE NOWIII FEE IS \$900.00 D. OFFICERS AND DIRECT	Suite, Apt.	#, etc.				04272007	REIN-P	CR2E098	(1/07)		
2. Country 3.39 Country 3.39 S. Contificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. State Opposite Company 9. State Opposite Comp	City & Stat	е	City & State			-					·
ERNANDEZ-ARCHE, RAUL 4025 SW 142 AVE BY SUPPLY OF THE ADDRESS OF COMPANY OF THE PURPOSE of Changing its requisered differ or registered agent, or both, in the State of Florida. I am lamiliar with an address of the Registered Agent FILE NOWIII FEE IS \$900.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO O	Zip	Country	33131	Cou	ntry					.75 Add	litional
ERNANDEZ-ARCHE, RAUL 4025 SW 142 AVE INAMI, FL 33186 The above named entity solopting—met tight ment for me purpose of changing its registered office or registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Land lamiliar with, and accept the obligations of the control of the		6. Name and Address of Currer	nt Registered Agent				7. Name and	Address of New		<u> </u>	
The above named entity substitutes \$150 ment to the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registed dated. FILE NOW!!! FEE IS \$900.00		•				Sglol	P.O. Box Number	POPE & Acceptab	d ministra	atide	· uc
The above named entity ships to see \$500 ment 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with an obligation of the state of Florida statutes, and that in registered agent with the Information of the Registered agent, or both, in the Information of the Registered agent, or both, and accept the State of Registered agent, or both, in the State of Registered agent, or both, in the Information of the Registered agent with the Information of the Registered agent with the Information of the Registered agent with the Information of the Register	3 MIAMI, FL	33186			520	<u> </u>	AUPUIL P	ay D	er yie		
GNATURE Continued Continu	,						. <u> </u>		FL 4	Zip Code	 م
FILE NOWIII FEE IS \$900.00 Deficers and Diffectors III. Additions/Changes to officers and Diffectors III. ADDITIONS/Changes to officers and Diffectors in III. ADDITIONS/Changes to officers and Diffector in III. ADDITIONS/Changes to officers and Diffectors in III. ADDITIONS/Changes to officers and Diffector in III. ADDITIONS/Changes to officers and Diffector in III. ADDITIONS/Changes to officers and Diffector in III. ADDITIONS/Changes to officers and III. ADDITIONS/Changes to officers and Diffector in III. ADITIONS/Changes to officers and Diffector in III. ADITIONS/Changes t	8. The above	named entity subplits this statement	for the purpose of changing i	its registe	red office o	r register	red agent, or bo	th, in the State of F	lorida. Lam famil	liar with,	and accept
FILE NOW!! FEE IS \$900.00 D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ILE PERNANDEZ-ARCHE, RAUL BEEF ADDRESS OUT-ST-ZIP MAME JAMAE STREET ADDRESS OUT-ST-ZIP NAME STREET ADDRESS OUT-ST-ZIP NAME JAMAE JAMA				Hil	dio	4	eistmo	do ok	04/30	m	
D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ILE PERNANDEZ-ARCHE, RAUL REET ADDRESS 14025 SW 142 AVE # 3 TITLE NAME STREET ADDRESS 57.0 Bit ickel Key Drive Svite 30.5 STOTY-ST-2P THE NAME STREET ADDRESS 57.5 IP THE NAME ST	SIGNATURE_	Signature, typed or primed name of registered age	nt and title if applicable. (NO	OTE: Regists	red Agent sign	ature requir	red when reinstating)	<u> </u>	DATE	101.	
THE FERNANDEZ-ARCHE, RAUL MAE FERNANDEZ-ARCHE, RAUL INCENTIONESS CITY-ST-ZP MIAMI, FL 33186 Delete THE MAE ADDRESS CITY-ST-ZP MIAMI, FL 33186 Delete THE MAE BERT ADDRESS CITY-ST-ZP THE MAE MEET ADDRESS CITY-ST-ZP THE MAE MEE MEET ADDRESS CITY-ST-ZP THE MAE MEE MEE MEE MEE MEE MEE M		· -	2 DIVICATORS	···· • • • • • • • • • • • • • • • • •			450JT1040		5.0500		
FERNANDEZ-ARCHE, RAUL 14025 SW 142 AVE # 3 MIAMI, FL 33186 Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition ADDRESS CITY-ST-ZIP Change ADDRESS CI	10. TITLE				-						~-,
THE Delete TITLE NAME STREET ADDRESS CTY-ST-ZIP OS/31/0701022012 **900.00 THE MAKE MEE ADDRESS CTY-ST-ZIP OS/31/0701022012 **900.00 THE MAKE MEE ADDRESS CTY-ST-ZIP OS/31/0701022012 **900.00 THE MAKE MEET ADDRESS CTY-ST-ZIP OS/31/0701022012 **900.00 THE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	name Street address : City+St-Zip	14025 SW 142 AVE # 3		STR	REET ADDRESS	520	Brickell	eeman Key Dri	re suite	530 -	· •
REET ADDRESS TY. ST-ZIP Delete	TITLE		☐ Delete	TIT	LE	MIE	m 1 + C	· 23131		Change	Addition
THE MAME MERET ADDRESS TY-ST-ZIP THE ME ME ME ME ME ME ME ME ME	name Street address City+St-Zip			STR	REET ADDRESS						00
STREET ADDRESS ITY-ST-ZIP TILE Delete TITLE Change Addition	TITLE		☐ Delete	TITL	LE			_		Change	☐ Addition
THE CHANGE CHANG	Name Street address			1							
MERET ADDRESS TY-ST-ZIP TLE Delete TITLE NAME NAME STREET ADDRESS TY-ST-ZIP TLE MERET ADDRESS TY-ST-ZIP TLE Delete TITLE NAME STREET ADDRESS TY-ST-ZIP TLE Delete TITLE NAME STREET ADDRESS TY-ST-ZIP TLE MERET ADDRESS TY-ST-ZIP TLE NAME STREET ADDRESS TY-ST-ZIP TLE NAME NAME STREET ADDRESS TY-ST-ZIP TLE NAME STREET ADDRESS TY-ST-ZIP T	CITY-ST-ZIP		W	CIT	Y-ST-ZIP						
STREET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP LE ME STREET ADDRESS TY-ST-ZIP LE ME STREET ADDRESS TY-ST-ZIP LE ME STREET ADDRESS CITY-ST-ZIP LE MAME STREET ADDRESS CITY-ST-ZIP Change Cha	TITLE NAME		☐ Delete							Change	☐ Addition
Delete TITLE Change Addition MAME STREET ADDRESS TY-ST-ZIP Delete TITLE ME NAME STREET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	STREET ADDRESS			STR	REET ADDRESS						
NAME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **THE ADDRESS CITY-ST-ZIP **THE ADDRESS CITY-ST-	CITY-ST-ZIP TITLE		□ Doleto							Change	- Addition
TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **THET ADDRESS STREET ADDRESS STRE	NAME		Delete	•					ل	Change	- Addition
THE NAME STREET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	STREET ADDRESS										
REET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filling 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 1 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	TITLE		☐ Delete							Change	Addition
2. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME										
2. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **THE MATTER STATUTE**	STREET ADDRESS CITY-ST-ZIP										
	indicated of the cor changed,	on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address.	r is true and accurate and tha powered to execute this repo s, with all other like empowere	t my signa ort as requ	ature shall h	nave the sapter 607	same legal effec 7. Florida Statute	et as if made under es; and that my nar	oath: that I am a	n officer	or director
		SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	TOR		, , , ,	Date	Daytime	e Phone #	