2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 FEB -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089157

1. Entity Name
BARREDO EXPORTING, INC.

Principal Place of Business	Mailing Address
2431 ALOMA AVENUE SUITE 133 WINTER PARK, FL 32792-2599	4938 CASA VISTA DR ORLANDO, FL 32837

REINSTATEMENT 02022006 --- REIN-F --- CR2E098 (11/05) 05-06 WAP

2. Principal Place of Business	3. Mailing Address
1842 Watermere LN	1842 Watermere LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere FL	City & State: Windermere FL
Zip: 34786-6121 Country:	Zip: 34786-6121 Country:

4. FEI Number: 59-3538427 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONNICE, ARNALDO 4938 CASA VISTA DRIVE ORLANDO, FL 32837	Name: BONNICE, ARNALDO Street Address (P.O. Box Number is Not Acceptable): 1842 Watermere LN City: Windermere FL Zip Code: 34786-6121

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: ✓ ARNALDO BONNICE ✓ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BONNICE, ARNALDO 4938 CASA VISTA DRIVE ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BONNICE, ARNALDO 1842 Watermere LN Windermere FL 34786-6121	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] ARNALDO BONNICE 02/02/06 407-8462923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #