

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:14

DOCUMENT # P98000092605 1. Entity Name AIYA INTERNATIONAL GROUP, INC.			
Principal Place of Business 169 E FLAGLER STREET #1518 MIAMI, FL 33131		Mailing Address 169 E FLAGLER STREET #1518 MIAMI, FL 33131	
2. Principal Office Address 6666 71 Street Suite, Apt. #, etc.		3. Mailing Address 6666 Seventy-First ST. Suite, Apt. #, etc.	
City & State Miami Beach FL Zip 33141 Country USA		City & State Miami Beach FL Zip 33141 Country	
4. FEI Number 65-0870831		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, BLAKE 169 E. FLAGLER STREET #1518 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Gerson Preston Robinson Co. P.A. Street Address (P.O. Box Number is Not Acceptable): 6666 71 Street City: Miami Beach FL Zip: 33141	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	D SIMMONS, BLAKE 5828 PINETREE DR. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300082514463 12/13/06--01038--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIS-SIMMONS, KATHARINE E 5828 PINETREE DR. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 12-6-06 Daytime Phone #	