2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P99000037241						r II	ED	
BATISTA-NUNEZ, CORPORATION						rit	בט	
BATISTA-NONEZ, CORPORATION						2008 MAR -L	+ AMII: I	6
Principal Place of Business Mailing Address						SECRETAR	Y OF STATE SEE. FLORIS	:
9930 N.W. 7 Miami, Fl. 3		9930 N.W. 7TH AVENUE MIAMI. FL 33150			1	ĂLL AHASS	SEE. FLORII	JA
minani, I E 33130 Minani, I E 33130								1881 II)B B1
2 Principal P	Place of Business - No P.O. Box #							
Principal Place of Business - No P.O. Box # Mailing Address					1 1000000 1011		IINI (24)2 (IIII 2122) IIN	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02292008 RE	TAT	R2E098 (1/07)	@7.2°
City & Stat	е	City & State		4. FEI Number 65-0918649			plied For t Applicable	
Zip	Country	Zip Country		ry	5. Certificate of Statu	s Desired	\$8.75 Add	itional
	C Name and Address of Comme	Besistand Ameri	<u> </u>		7. Name and Address		Fee Required	1
6. Name and Address of Current Registered Agent Name					7. Name and Addres	IS OF NEW Kediste	Ned Agent	
NUNEZ-BLACK, ANA D 9930 N.W. 7TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL				Oli CCC / IGD/CSB (
				City			FL Zip Code	•
	e named entity, submits this statement tions of registered agent.	or the purpose of changing its	registere	d office or registe	red agent, or both, in the	e State of Florida.	t am familiar with,	and accept
ine obliga	nons diregistered agent.						ด วกกร	
SIGNATURE	Signature, typed or printed name of registered ager	n and trie if applicable. (NOT	E: Registers	d Agent signature requi	red when reinstating)	LED A	DATE	
						•		
Fil	LE NOWIII FEE IS \$300.00						. 607.193(2)(b), sceive the prior r	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANC	SES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE	PSD	☐ Delete	TITLE	N			Change	Addition
NAME STREET ADDRESS	NUNEZ-BLACK, ANA D 6556 ESTON ST		NAME	ET ADDRESS	800	12079	50268 011 **30	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY	ST-ZIP	03/19/08	301036	011 **30	0.00
TITLE	VTD	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	BATISTA, JUANA M 6556 ESTON ST		NAME STREE	ET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33024			-ST-ZIP				
TITLE		☐ Delete	TITLE	1			Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS	\	\		
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAM!	ET ADDRESS				İ
CITY-ST-ZIP				-ST-ZIP		\		
TITLE		☐ Delete	TITLE			•	☐ Change	Addition
NAME CTREET ADDRESS			NAMI	E et address				ļ
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE	l l			☐ Change	Addition
NAME CIDET ADODESC			NAM! STRE	E Et adoress				
STREET ADDRESS CITY-ST-ZIP				-ST-ZP				\
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the exe	mptions contained	d in Chapter 119, Florid	a Statutes. I furthe	r certify that the in	formation
indicated of the co	d on this report or supplemental report irporation or the receiver or trustee em t, or on an attachment with anyaddress	is true and accurate and that powered to execute this repor	my signat t as requir	ture shall have the red by Chapter 60	same legal effect as if n 7, Florida Statules; and	nade under oath; t that my name app	tnat I am an officer ears in Block 10 o	or director r Block 11 if
changed	r, or on an attachment with anyaddress	rywith allyother like empowered	1.					
SIGNAT	TURE: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			FFR 2	9 2008		55.496-9	104
1	SIGNATURE AND TYPED OF	RIPHONTED NAME OF SIGNING OFFICER	R OR DIRECT	ror I L L		962	Daytme Phone #	