

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000105236 1. Entity Name DE LA VEGA, INC.						FILED 07 APR -4 PM 3: 06 OFFICE OF THE SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12580 U.S. HIGHWAY 301 N. THONOTOSASSA, FL 33592				Mailing Address 12580 U.S. HIGHWAY 301 N. THONOTOSASSA, FL 33592			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6250 N.W. 98th DR.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Parkland, FL					
Zip		Country		Zip 33079		Country USA	
4. FEI Number 59-3614505				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 HERMAN, STEVEN 38053 LIVE OAK AVE. DADE CITY, FL 33523				7. Name and Address of New Registered Agent Name Hector J. Mir, Esq. Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road, Suite 1107 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 <u><i>Hector J. Mir</i></u> Hector J. Mir 03/07/07 <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 \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input checked="" type="checkbox"/> Delete NAME CAMDAMO, JEANNY STREET ADDRESS 12580 U.S. HIGHWAY 301 N. CITY-ST-ZIP THONOTOSASSA, FL 33592				TITLE D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Yvonne Herrera STREET ADDRESS 6250 N.W. 98th DR. CITY-ST-ZIP Parkland, FL 33076			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>Yvonne Herrera</i></u> Yvonne Herrera 03/07/2007 (561) 901-1796 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							