
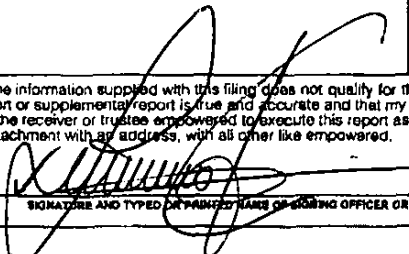


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 14 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---------------------------------|--|---|----------|
| DOCUMENT # S23338 | | | |  | |
| 1. Entity Name MARIA MORENA, INC. | | | | | |
| Principal Place of Business 2545 NW 5 AVE MIAMI, FL 33127 | | | Mailing Address 2142 NW 20TH STREET SUITE 12 MIAMI, FL 33142 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0235629 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PARK, YON S 2142 NW 20TH STREET #12 MIAMI, FL 33142 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City | FL | Zip Code |
| 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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!! FEE IS \$150.00 After January 1, 2009, 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 | P PARK, YON S 2142 NW 20TH STREET SUITE 12 MIAMI, FL 33142 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 00013792010 11/14/08--01043--019 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KIM, FRANCISCO 2142 NW 20TH STREET SUITE 12 MIAMI, FL 33142 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Date: 11/14/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR | | | Daytime Phone # | | |

11/17/08