DEC-30-2008 13:15 KANE & COMPANY, P.A. 3053718

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S99640

Reg A. CORP.

FILED
09 JAN -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

Principal Place of Business	Mailing Address
10220 S.W. 87TH STREET MIAMI, FL 33173	10220 S.W. 87TH STREET MIAMI, FL 33173

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Country
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Country
Zip

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ $ 1.75 Fee Required

6. Name and Address of Current Registered Agent

GADINSKY-BOHATCH, APRIL D
2421 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. The principal with and its obligations of registered agent.

SIGNATURE: April Gadinsky-Bohatch DATE
(Signature, typed or printed name of regis and agent and title if applicable) (If CTD: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.1[illegible](2)(b) corporation did not receive [illegible]

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
ST ADDRESS ST-ZIP	PSD GADINSKY-BOHATCH, APRIL D 2421 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300139483903 01/05/09--01053--010 **150.00
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change
ET ADDRESS ST-ZIP	$21/12	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change
ADDRESS ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change
ET ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: April Gadinsky-Bohatch PSD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date