2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V16195 1. Entity Name LAW OFFICES OF RENE A. SOTORRIO, P.A.			FILED 98 NOV -3 PH 5: 35
Principal Place of Business 800 DOUGLAS ROAD #219 CORAL GABLES, FL 33134 US Mailing Address 800 DOUGLAS ROAD #219 CORAL GABLES, FL 33134		3134 US	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10272008 FEIVE EIVGEZEDER 1/0408
City & State	City & State		4. FEI Number Applied For 65-0317588 Not Applicable
Zip Country	<u> </u>	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		Name	7. Name and Address of New Registered Agent
SOTORRIO, RENE A 800 DOUGLAS ROAD #219		Street Address	(P.O. Box Number is Not Acceptable)
CORAL GABLES, FL 33134		City	FL Zip Code
8. The above named entity sybmits this statement for the purpose of phanging 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 Signature justed or plinted name of registered agent and representations. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00			
·····	DEFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SOTORRIO, RENE STREET ADDRESS 800 DOUGLAS RO CITY-ST-ZIP CORAL GABLES, F	AD, #219	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 400137583504 11/03/0801076002 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additic :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not exaltly 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 accuracy 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 reportes 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: SIGNATURE AND TYPED OR DENTITION NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone if			