

**2022 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P14000070296

**Entity Name:** LITTLE HAVANA MEDICAL, INC.

**Current Principal Place of Business:**

8395 SW 96 ST.  
MIAMI, FL 33156

**Current Mailing Address:**

8395 SW 96 ST.  
MIAMI, FL 33156 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REYES, ELIEL  
8395 SW 96 ST.  
MIAMI, FL 33156 US

*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.*

**SIGNATURE:** ELIEL REYES

06/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	REYES, ELIEL	Name	REYES, MARLON E
Address	8395 SW 96 ST.	Address	8395 SW 96 ST.
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIEL REYES

P

06/10/2022

Electronic Signature of Signing Officer/Director Detail

Date