2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000003665

1. Entity Name
BAILES FERRER, INC.

FILED
06 OCT -6 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400008057144
10/06/06--01047 003 **61.25

Principal Place of Business	Mailing Address
8452 STATE RD. 84 FORT LAUDERDALE, FL 33324	8452 STATE RD. 84 FORT LAUDERDALE, FL 33324

10042006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business	3. Mailing Address
7520 NW 5th Street	7520 NW 5th Street
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33317 Country: US	Zip: 33317 Country: US

4. FEI Number: 65-0628023 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRER, DAMARIS I 16030 LA COSTA DR SUNRISE, FL 33326	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 _____ 10/3/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTDD FERRER, DAMARIS I 750 SOUTHWIND CR SUNRISE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTDD Ferrer, Damaris I 16030 La Costa Dr Weston, FL 33326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANDON, CELIA M 3620 NW 104 AVE. CORAL SPRINGS, FL 33067	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Niurca Marquez 7800 Carlyle Ave #3A Miami Beach, FL 33141	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANA, NOEMI 3435 GILES PL #5L BRONX, NY 10463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Noemi Santana 407 Hunter Ave City Island, NY 10464	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROULETTE-BOGUS, YVETTE 320 NW 107 AVE. CORAL SPRINGS, FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Liliana Chaffin 3510 Southern Orchard Rd Davie, FL 33328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM LUGOVINA, FRANCISCO 1255 N AVE BLDG B #3R NEW ROCHELLE, NY 10804	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM OVERTON, JUNIA 1387 SW 7TH ST BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

10/9

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 617, 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: _____ Damaris Ferrer 10/3/06 (954) 792-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #