## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0300006093  1. Entity Name C-ME, INC.							Society	FILED  04 NOV - 1 AM 10: 58  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							7,	TALLANDSEE.	FLORIDA		
9840 SW 168			9840 SW 168 ST				ALLAMAGORIS				
MIAMI, FL 33			MIAMI, FL 33157				i.				
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2. Principal Place of Business 3. Mailing Address											
							me and	PTATEME	MT	1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			Limbour 1	D BEIN'N PRACES	2E098 <u>(6/04).</u>	<del>-()\</del>	
City & State	<del></del>			City & State			4. FEI_Numbe		Ap	plied For	
							65-11	169061	No	t Applicable	
Zip	Country			Zip		ntry	5. Certificate	of Status Desired	\$8.75 Add Fee Requires		
	6. Name and Address of		of Current Re	Current Registered Agent		1	7. Name and	7. Name and Address of New Registered Agent			
C. Hame and requises of culture				<u> </u>		Name					
BRAM, ROY						Street Address (P.O. Box Number is Not Acceptable)					
9840 SW 168 ST MIAMI, FL 33157						Street Address (F.O. Box Number is Not Acceptable)					
										-	
•						City	•	F	Zip Code	9	
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 20 Bran 10-26-04											
SIGNATURE											
FILE NOWIII FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00								In accordance with s. 6 corporation did not rec			
10.		OFF	ICERS AND DI	RECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	D			☐ Delete TITLE		E			☐ Change	Addition	
NAME	BRAM, ROY			NAM		-	==:	300042362699			
STREET ADDRESS CITY-ST-ZIP	9840 SW 168 ST MIAMI, FL 33157				STREE		1170	300042362683 11/01/0401069014 **150.00		1. OO	
TITLE	_								☐ Change	Addition	
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CITY-ST-ZIP	MIAMI, FI	L 33157			CITY	-ST-ZIP					
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STREET ADDRESS City-St-Zip						EET ADDRESS /-ST-ZIP					
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CITY-ST-ZIP						(-ST-ZIP					
12.   hereby	certify that th	e information s	supplied with th	is filing does not qualify fo	r the exe	emption stated in	Section 119.07(3)	(i), Florida Statutes. I further	certify that the in	nformation	
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.											

10-26-04 (786) 280 800 1 Date Daylitta Phone #