2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000048887

1. Entity Name
MINORITY SYSTEMS, INC.

FILED
07 JAN -2 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1243 REDLAND RD FLORIDA CITY, FL 33034	1243 REDLAND RD FLORIDA CITY, FL 33034

12282006 REIN-P CR2E098 (11/06)

2. Principal Place of Business	3. Mailing Address
1243 REDLAND RD.	1243 REDLAND RD
Suite, Apt. #, etc.: HOME	Suite, Apt. #, etc.: HOME
City & State: Florida City, Florida	City & State: Florida City, Florida
Zip: 33034 Country: DADE	Zip: 33034 Country: DADE

4. FEI Number: 59-1539072 ☐ 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
MOSS, MOSES 1243 REDLAND RD FLORIDA CITY, FL 33034	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MOSS, MOSES 1243 REDLAND RD FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500092922085 01/02/07--01066--011 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WADE, CURTIS VP 560 NORTHWEST 124 STREET MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$1/3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Moses Moss MS X 12-28-06 305-246-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #