


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000031695 1. Entity Name FLORIDA ANTI-COUNTERFEITING COALITION, INC.	
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FILED
07 MAR 28 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1101 N LAKE DESTINY RD SUITE 350 MAITELAND, FL 32751	Mailing Address PO BOX 6307-12 N MIAMI BEACH, FL 33163
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REINSTATEMENT 06-07

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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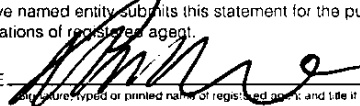
City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 26-0118000	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

#15000

Prior notice not received

10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	BERGER, ERIC
STREET ADDRESS	1101 N LAKE DESTINY RD SUITE 350
CITY-ST-ZIP	MAITELAND, FL 32751
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800096008368
STREET ADDRESS	04/06/07--01047--015 **300.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Eric A. Berger** Date: **3-5-07** Daytime Phone #: **305-933-9576**