2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000068017

FILED Dec 10, 2009 Secretary of State

Entity Name: AURORA INTERNATIONAL MANAGEMENT GROUP, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	ONT AVE FERRACE, FL 33617	
Current M	lailing Address:	New Mailing Address:
	ONT AVE FERRACE, FL 33617	
El Number	: FEI Number Applied For ((X) FEI Number Not Applicable () Certificate of Status Desired ()
lame and	l Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	OTHY C ONT AVE	
EMPLE 1	FERRACE, FL 33617 US	
he above	,	r the purpose of changing its registered office or registered agent, or both
he above the State	named entity submits this statement for	r the purpose of changing its registered office or registered agent, or both
he above the State	e named entity submits this statement for e of Florida.	
The above the State SIGNATUI	e named entity submits this statement for e of Florida. RE: TIMOTHY C. OHR Electronic Signature of Registere with s. 607.193(2)(b), F.S., the corporation	ed Agent Date
The above the State SIGNATUI accordan Election Cal	e named entity submits this statement for e of Florida. RE: TIMOTHY C. OHR Electronic Signature of Registere	ed Agent Date
The above the State SIGNATUI n accordan Election Cal	e named entity submits this statement for e of Florida. RE: TIMOTHY C. OHR Electronic Signature of Registere size with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (ed Agent Date a did not receive the prior notice.
The above the State of the Stat	e named entity submits this statement for e of Florida. RE: TIMOTHY C. OHR Electronic Signature of Registere are with s. 607.193(2)(b), F.S., the corporation impaign Financing Trust Fund Contribution () S AND DIRECTORS: DP () Delete DOWDEN, GARRETT R 630 BELMONT AVE	ed Agent Date a did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WINSTON WILLIAMS DT 12/10/2009