2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000030726

1. Entity Name
NUDAROMI CORP.

FILED
06 MAR -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01192006 REIN-P CR2E098 (11/05)

Principal Place of Business	Mailing Address
19333 COLLINS AVENUE #2010 SUNNY ISLES BEACH, FL 33160	19333 COLLINS AVENUE #2010 SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business	3. Mailing Address
2875 NE 191 STREET	2875 NE 191 STREET
Suite, Apt. #, etc.: SUITE 801	Suite, Apt. #, etc.: SUITE 801
City & State: AVENTURA, FLORIDA	City & State: AVENTURA, FLORIDA
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 65-0966948 ☐ 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
SERBER, DANIEL J 2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180	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: _____ DANIEL J. SERBER 03/01/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	D SZAINROK, JACOBO 19333 COLLINS AVENUE #2010 SUNNY ISLES BEACH, FL 33160	☒ Delete	D SZAINROK, GITLA 2875 NE 191 STREET, SUITE 801 AVENTURA, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/13	☐ Delete	200067944302 03/16/06--01005--027 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Gitla Szainrok 1/27/06 (305)932-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #