2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000103108							·				
1. Entity Name											
GOOD NEWS CARRIER INC.				世			06 550 :	<i>-</i>			
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Principal Plac	e of Business	. 7	MANY								
Principal Place of Business Mailing Address 13250 S₩. 88 TERR., #201CN 13250 S₩. 88 TERR., #20					\forall	12	TALLÄITT				
MIAMI, FL 3		MIAMI, FL 33186			Ψ		7.734-1-240		11 J.S.		
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2 Principal P	lace of Rusiness										
2. Principal Place of Business 152 Aug. 3. Mailing Address 808 Wind			, Gap Dr.				CONTRACTOR CONTRACTOR	EI ILEN se ies (il	LI HERU BERLU IEI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					@ 57.4 5770		Tros	フババブ	
	# C201				1 0	insign		"ANE!	8'4'''''	<u> </u>	
City & State		City & State			4	k FEI Numbe				plied for	
Zip	Country	Arlington, TX				35-2215180 Not Applicable					
3319	3 "U.S.A.	76002 U.S.A			5	5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent					7.	. Name and	Address of New R	egistered A	gent		
Name Brondon Cunthin											
RONDON, CYNTHIA 13250 SW. 88 TERR #201CN					odress (P.O	. Box Numbe	er is Not Acceptable	<u> </u>			
MIAMI, FL 33186					,						
· · · · · · · · · · · · · · · · · · ·					7535 SID. 152 Ave apt. (201						
	City A	1:00	~•·		FL	Zip Code					
8. The above	named entity submits this statement for	the ouroose of changing its re	raistere	d office or	r registered	arient or bol	th in the State of Flu		amiliar with		
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.											
12/05/00											
SIGNATURE Systems in posture of approach and trie of approache. (NOTE: Registered Agent eignesture required when reinstating) DATE											
	.E NOWIII FEE IS \$150.00 mary 1, 2007, Fee will be \$300.00	<u> </u>					In accordance version did	with s. 607.	193(2)(b), I	F.S., the	
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10.	OFFICERS AND D		11.		DPT	ADDITIONS/	CHANGES TO OFF	ICERS AND			
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NAME PERSONNEL			NAME								
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· · · · · · · · · · · · · · · · · · ·	Pertify that the information complied with	this filling close and muslify for t	.		Ontained is	Chanter 110	Borida Statuta - 1	further next	is that the !-	formatic -	
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.											
CICHATURE CARTILLORSII											
SIGNATURE: Cynthia Kandon 12/05/06 (305)761-8034											