## 2007 FOR PROFIT CORPORATION REINSTATEMENT

2007 FOR PROFIT CORPORATION REINSTATEMENT				FILED
DOCUMENT # 668112  1. Entity Name NAME, INC.				2008 JAN 18 PM 1:51
Principal Plac 700 RIDGEW HOLLY HILL,	oe of Business OOD AVE FL 32117 US	Mailing Address 700 RIDGEWOOD AVE HOLLY HILL, FL 32117	US	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address - 700 K		3. Mailing Address,	ood Ave	
		Suite, Apt. #, etc.		11012007 REIN-P CR2E098 (1/07)
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Zip	Country	32117	Country US	5. Certificate of Status Desired \$8.75 Additional Fee Required
_	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
FOSTER, WALTER E. III 315 S PALMETTO AVE DAYTONA BEACH, FL 32118			Street Address	ss (P.O. Box Number is Not Acceptable)  3 Downing St.
			City A	Vew Smyrna Bch FL Zip Code 18
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 Signature, lyped or printed name of registered altent and late it applicable. (NOTE: Registered Agent signature required when reinstating)  OATE				
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00				
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TETA, ISIDORO NIKI 700 RIDGEWOOD AVE HOLLY HILL, FL 32117	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112300171 11/14/0701047083 **758.75
THILE NAME STREET ADDRESS CITY-ST-ZIP	STD TETA, EMMA 700 RIDGEWOOD AVE HOLLYHILL, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete □	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-SI-ZIP	REINSTATEMENT Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-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 reports 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 truefee embowered 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: Of white Color 11/9/07				