


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 755472		
1. Entity Name THE BACHELORS, INC.		

FILED
08 SEP 15 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2858 NW 79 AVE. MIAMI, FL 33122	Mailing Address 7831 SW 54 CT MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 3905 NW 31st Ave	3. Mailing Address PO Box 2224
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami Beach, FL
Zip 33142	Country USA
Zip 33140	Country USA



6. Name and Address of Current Registered Agent EVERETT, PEER 8225-C SW 107 AVE. MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Philip Reilly Street Address (P.O. Box Number is Not Acceptable) 3905 NW 31st Ave City Miami FL Zip Code 33142	
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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 Philip Reilly Signature, typed or printed name of registered agent, and title if applicable.	Philip Reilly (NOTE: Registered Agent signature required when reinstating)	DATE 9-11-2008

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE P T D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REILLY, PHILLIP		NAME 3905 NW 31st Ave	
STREET ADDRESS 3905 NW 131ST AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33142		CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVEERETT, PEER		NAME	
STREET ADDRESS 8225-C SW. 107 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33173		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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 the empowered.			
SIGNATURE: Philip Reilly SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Philip Reilly	DATE 9-11-2008	DAYTIME PHONE # 305-968-5123