## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000000719								200	B NOV 24 A	ا الاعتادة الإ	õ	
4751 WILSHIRE BLVD., SUITE 120				Mailing Address 4751 WILSHIRE BLVD., SUITE 120 LOS ANGELES, CA 90010			12-1 34					
Principal Place of Business - No P.O. Box #     3.				. Mailing Address				DH				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10282008	REIN-P	CR2E0	98 (1/07)	
City & State				City & State				4. FEI Numb 95-404			1	plied For Applicable
Zip	Country			Zip istered Agent		Country			of Status Desired	<u> </u>	8.75 Add	
GORPDIRI 516 E. PAI TALLAMAS		Street Ad	Pro	A-RA	Address of New Re	/≥th	[-loo) 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  Signature ped or printed name of registered agent and tale it applicable.  (NOTE: Registrated Agent algorithm refundations)  DATE												
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00									In accordance wi corporation did n			
10. OFFICERS AND DIRE						· · · · · ·	ADDITIONS,	I /CHANGES TO OFFIC				
NAME STREET ADDRESS CITY-ST-ZIP	4751 WIL	NALD, JOHN G .SHIRE BLVD., SUITE GELES, CA 90010	□ Delete	☐ Delete 11TLI NAM STRE CITY			<b>즉</b> 1 11/2	00 <b>138</b> 2 4/0801053		□ Change > <b> </b>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ļ	. DON R .SHIRE BLVD., SUITE BELES, CA 90010	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete MULLINAX, RICK 4751 WILSHIRE BLVD., SUITE 120 LOS ANGELES, CA 90010					.E AE EET ADDRESS Y-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4751 WIL	L, JEFFREY LSHIRE BLVD., SUITE BELES, CA 90010			LE AE EET ADDRESS Y-ST-ZIP	CHI SEI 475 L	EF FINANCIAL OFFICER Change Addit ZENA HO I WILSHIRE BLVD., #120 25 ANGELES, CA 90010				Addition	
TITLE NAME STREET ADDRESS C1TY-ST-ZIP		_		□ Delete		Æ					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:  SCHAMA HO 10-28-09 3336928527												
SIGNAL	UKE.	SIGNATURE AND TYPED OR	PRINTE	NAME OF SIGNING OFFICER				<del>-</del>	Date	Day	tune Phone #	<b>/-</b>