## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F99000006304

Entity Name: CLINTON ON WASHINGTON, INC.

FILED Jul 26, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	HINGTON AVE ACH, FL 33139				
Current Mailing Address:			New Mailing Address:		
	HINGTON AVE ACH, FL 33139				
FEI Number	r: 65-1003820	FEI Number Applied For()	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	IMON HINGTON AVE ACH, FL 33139				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE: SIMON N	EMNI			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notic	e.	
	mpaign Financing S AND DIREC	g Trust Fund Contribution ( ).	ADDITION	S/CHANGES TO OFFICERS AND DIRECTO	
Title: Name:	PSD () CHOURAQUI, N	Delete	Title: Name:	( ) Change ( ) Addition	
Address:	825 WASHING		Address:		
City-St-Zip:	MIAMI BEACH,		City-St-Zip:		
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	
Name:	CHATEAU, FRA		Name:	( ) Change ( ) Addition	
Address:	825 WASHING		Address:		
City-St-Zip:	MIAMI BEACH,		City-St-Zip:		
Title:	CD ()	Delete	Title:	( ) Change ( ) Addition	
Name:	NEMNI, SIMON		Name:	( )	
Address:	825 WASHING		Address:		
City-St-Zip:	MIAMI BEACH,	FL 33139	City-St-Zip:		
Title:	( )	Delete	Title:	D ( ) Change (X) Addition	
Name:	` ′		Name:	CREGAN, BARRY	
Address:			Address:	151 W. 54TH STREET	
City-St-Zip:			City-St-Zip:	NEW YORK, NY 10019	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON NEMNI CD 07/26/2006