2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT												
DOCUI 1. Entity Nam S. B. ME	ne	# J30368 , INC.						FILED 07 OCT 31 AM 9:53 *				
Principal Plac	o of Bucinoss			failing Address					07	00131	AM 9: 3	53 "
Principal Plac 590 E 25TH		,		Mailing Address 590 E 25TH ST					es	rga tago	OF STATE	-
601	31			601					TAI	PARIDADI PARAHA E	E, FLORID	Ā
HIALEAH, FL	33013		ŀ	HIALEAH, FL 33013 US					1 (2) (1) 1 (2) (1) (1) (1) (1) (1) (1) (1)		ELEN ERBIL BIRTH RIS	
		ness - No P.O. Box #		3. Mailing Address 6600 N. Andrews Avenue								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10262007	REIN'P	CATCR	2E098 (1/07)	10th
306 City & State				306 City & State				4. FEI Numb				plied For
Fort Lauderdale, FL				Fort Lauderdale, FL				59-271	-		<u> </u>	ot Applicable
Zip	Zip Country			Zip Country				5. Certificate	of Status Des	sired	\$8.75 Add	
33309 USA 6. Name and Address of Current F				33309 USA				7 Name and	Address of	New Registere	Fee Require	d
-	and Address of Curren	Name		7. Name and	Augress or	New Kegistere	u Agent					
MEYERSON, SHELDON B. 590 E 25TH ST				Street A				teven Blecker ess (P.O. Box Number is Not Acceptable)				
HIALEAH, FL 33013						City		N. And			1	e
		<u></u>						Lauder			L 3330	9
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.												
	ار المحد	1	10	eeke-	c.	torron	Dl oc	kov		(0)	20/20	ı
SIGNATURE Steven Blecker (0/26/07) Signative, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent eignature required when reinstating) OATE												
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
10.		OFFICERS AN	D DIRE	CTORS	11.			ADDITIONS.	L /CHANGES T	O OFFICERS A	ND DIRECTOR	S IN 11
TITLE	PD	ON OUT 5045	_	☐ Delete	TITL						Change	Addition
NAME STREET ADDRESS	1	ON, SHELDON B., MI TH ST. SUITE 601	ט		IE EET ADDRESS	660	O N And	roug Au	ronuo #	306		
CITY-ST-ZIP		, FL 33013		CITY-				600 N. Andrews Avenue, #306 ort Lauderdale, FL 33309				
TITLE				☐ Delete	TITL	Ε					☐ Change	Addition
NAME					NAM	·- I						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST- ZIP						
TITLE				☐ Delete	TITL						☐ Change	Addition
NAME				Bolyto		AME		70	0011	1557 052008	397	
STREET ADDRESS CITY-ST-ZIP					•	EET ADDRESS		10/31	/U/U1	052008	**150.	UU
TITLE				☐ Delote	TITL	'-ST-ZIP					☐ Change	☐ Addition
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STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP	ļ				CITY	'- ST- ZIP						
TITLE NAME				Delete	TITL						Change	☐ Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	'-ST-ZIP						
TITLE				☐ Delete	TITE	E					Change	☐ Addition
NAME STREET ADDRESS					MAN	IE EET ADDRESS						
CITY-ST-ZIP		_				'- ST-Z1P						
12. I hereby	certify that the	e information supplied w	ith this	filing does not qualify for	or the exi	emptions co	ontained	in Chapter 119	9, Florida Stat	utes. I further o	certify that the in	nformation
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 supplied entail 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.												
SIGNAT	TURE: 🤟	Alle.		ester.	00 0000	TOP				12407	Davidi: **	
[SIGNATURE AND TYPED O	KHKINTE	D NAME OF SIGNING OFFICER	COK DIREC	IUK			Date /	, ,	Daytime Phone #	