2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUI		#J38928			100		•	FIL		
CREEL R		NC.						JUL 21		
Principal Place	a of Business		Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
201 CRANDO		5	201 CRANDON BLVD.				INCL	4UM22F1	i.FLO	RIDA
UNIT 637 KEY BISCAYNE, FL 33149			UNIT 637 Key Biscayne, Fl 33149							
				143						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 2730 SW 3RD AVE					HIBAI BABAL GIBIK D		
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE 800			07452008	NGTA	CH2EOD	8/1/47	MITO
City & State			City & State			4. FEI Numbe		J. Samuel Market		plied For
Žio.	Zip Country		MIAMI FL .	ntry	59-2753075 Not Applicable					
Ζιρ			33129		SA	5. Certificate	of Status Desired		e Require	
6. Name and Address of Current F			egistered Agent		Name	7. Name and Address of New Registered Agent				
LOWMAN,					Street Address (P.O. Box Number is No			<u> </u>		
2730 SW 3 SUITE 800)	<u> </u>			- Chool / Lediobo (T.O. BOX FURTHER	, o rot / odoptable	<u>, </u>		
MIAMI, FL	33129				City				Zip Code	
9. The chaus	and anti-	s. deseite this statement for	the aurope of phonologists	en aintae		rad apont or bot	h is the Ctate of Ele	FL de la mésa	•	
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, typed	or printed name or registered agent a	and the ir applicable. (NOT	:: Kegistei	ea wäeur eignarure requir	red when reinstating)		DATE		
Fil	LE NOW!!	! FEE IS \$300.00					In accordance v corporation did			
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTOR:	S IN 11
TITLE NAME	PSTD BLANC, F	PHII IPPE	☐ Delete	TITL	l				Change	☐ Addition
STREET ADDRESS	LE CAST	OR 21, ROUTE DES CR		EET ADDRESS						
CITY-ST-ZIP	VERBIER	1936 SWITZERLAND,	XX XXXXX	CITY	'-ST-ZIP			-	Change	☐ Addition
NAME			□ perere	NAN		· · · · · · · · · · · · · · · · · · ·				☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	800133225268 07/21/0801053026 **300.00				0.00
TITLE	☐ Delet			TITL	- 1				Change	Addition
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TITLE NAME			☐ Delete	TITL					Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP					ĺ
TITLE			☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS				NAM STR	ME EET ADDRESS					
CITY-ST-ZIP					/- ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: PHILIPPE BLANC PSTD JULY 17, 2008 305 856-850										
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