2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K05427

FILED Oct 12, 2006 Secretary of State

Entity Na				
Current F	Principal Place	of Business:	New Principal Place	of Business:
	43RD STREET ILLE, FL 32606			
Current N	/lailing Addres	s:	New Mailing Address	s:
	43RD STREET ILLE, FL 32606			
El Number	r: 59-2870608	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:
2410 NW	DEZ, ROB 43RD STREET ILLE, FL 32606			
	1222, 1 2 02000	00		
he above	·		purpose of changing its registere	d office or registered agent, or both,
he above the Stat	e named entity s	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
he above the Stat	e named entity s e of Florida. RE: ROB HER	submits this statement for the		d office or registered agent, or both, Date
The above in the Stat SIGNATU in accordar	e named entity see of Florida. RE: ROB HER Electronice with s. 607.193	submits this statement for the	ent	
The above the Stat SIGNATU accordar Election Ca	e named entity see of Florida. RE: ROB HER Electronice with s. 607.193	submits this statement for the RNANDEZ ic Signature of Registered Ag (2)(b), F.S., the corporation did not rouse fund Contribution ().	ent ot receive the prior notice.	
The above not the State SIGNATU not accordant Election Carolf Title: Jame: Ja	e named entity see of Florida. RE: ROB HER Electronice with s. 607.193 Impaign Financing	submits this statement for the RNANDEZ ic Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution (). TORS: Delete	ent ot receive the prior notice.	Date
The above the Stat SIGNATU accordar Election Ca	e named entity size of Florida. RE: ROB HER Electronince with s. 607.193 Impaign Financing IS AND DIRECT P () HERNANDEZ, R 2410 NW 43 ST GAINESVILLE, F	submits this statement for the RNANDEZ ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n 7 Trust Fund Contribution (). FORS: Delete COB FL 32606 Delete MANDA	ent ot receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ROB HERNANDEZ **PRES** 10/12/2006