


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L09890		
1. Entity Name DANIEL GOLDFARB INC.		

Principal Place of Business % DANIEL GOLDFARB 5999 CENTRAL AVE ST PETERSBURG, FL 33710	Mailing Address % DANIEL GOLDFARB 5999 CENTRAL AVE ST PETERSBURG, FL 33710
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>6439 Central Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>St. Petersburg FL</b>	
Zip	Country	Zip <b>33710</b>	Country <b>Pinellas</b>

6. Name and Address of Current Registered Agent  SIMONE, STEPHEN CPA 6439 CENTRAL AVE ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOLDFARB, DANIEL</b> <b>5999 CENTRAL AVE</b> <b>ST. PETERSBURG, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500106584955</b> <b>07/23/07--01061--018 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GOLDFARB, LINDA</b> <b>5999 CENTRAL AVE</b> <b>ST. PETERSBURG, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Daniel Goldfarb* **DANIEL GOLDFARB** 7-18-07 727-347-507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
07 JUL 23 AM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

JUL 23 2007