

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # M41883</b> 1. Entity Name <b>PAABDO CORPORATION</b>					
Principal Place of Business <b>C/O STUART GLAUSER 12910 S.W. 84TH STREET MIAMI, FL 33183</b>			Mailing Address <b>C/O STUART GLAUSER 12910 S.W. 84TH STREET MIAMI, FL 33183</b>		
2. Principal Place of Business - No P			3. Mailing Address		
Suite, Apt. #, etc. <b>14446 West Dixie Hwy</b>			Suite, Apt. #, etc. <b>14446 West Dixie Hwy</b>		
City & State <b>Miami FL</b>			City & State <b>Miami FL</b>		
Zip <b>33161</b>		Country		4. FEI Number <b>59-2742365</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLAUSER, STUART 14446 WEST DIXIE HIGHWAY MIAMI, FL 33161</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>MARCUS, DORIS</b> <b>353 W 47TH ST.</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>MARCUS, ABRAHAM</b> <b>2 FOUNTAIN LN.</b> <b>SCARSDALE, NY 10583</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Abraham Marcus</u> <b>Oct 11, 2007</b> <b>914 723-6227</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

10/17/07