

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M41883 1. Entity Name PAABDO CORPORATION			
Principal Place of Business C/O STUART GLAUSER 12910 S.W. 84TH STREET MIAMI, FL 33183		Mailing Address C/O STUART GLAUSER 12910 S.W. 84TH STREET MIAMI, FL 33183	
2. Principal Place of Business - No P <i>OUTTA!</i>		3. Mailing Address	
Suite, Apt. #, etc. 14446 West Dixie Hwy		Suite, Apt. #, etc. 14446 West Dixie Hwy	
City & State Miami FL		City & State Miami FL	
Zip 33161		Zip 33161	
Country		Country	
4. FEI Number 59-2742365		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAUSER, STUART 14446 WEST DIXIE HIGHWAY MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARCUS, DORIS <input type="checkbox"/> Delete 353 W 47TH ST. MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300110867009 10/16/07--01058--031 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARCUS, ABRAHAM <input type="checkbox"/> Delete 2 FOUNTAIN LN. SCARSDALE, NY 10583	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: <i>Abraham Marcus</i>		<i>Oct 11, 2007</i> 914 723-6227	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

10/17/07