


2009 FOR PROFIT CORPORATION REINSTATEMENT


FILED
09 MAR 18 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M62626 1. Entity Name CORPORATE & PERSONAL ADVISORS, INC	
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Principal Place of Business 17600 N BAY RD APT 703-N SUNNY ISLES BEACH, FL 33160-2866 US	Mailing Address 17600 N BAY RD APT 703-N SUNNY ISLES BEACH, FL 33160-2866 US
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2. Principal Place of Business - No P.O. Box # 3101 OCEAN DRIVE	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOLLYWOOD FL	City & State FL
Zip 33019	Country USA



03142009	REIN-P	CR2E098 (1/07)
4. FEI Number 65-0069732	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 FERNANDEZ, CRISTINA P 1365 STILLWATER DR MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent Name CARLOS J FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 1365 STILLWATER DRIVE City MIAMI BEACH FL Zip Code 33141

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: *Carlos J Fernandez* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$300.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT FERNANDEZ, CARLOS J 1365 STILLWATER DR MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO FERNANDEZ, CRISTINA 1365 STILLWATER DR MIAMI BEACH, FL 33141 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 700146156227 03/18/09--01035--012 **300.00 </div>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Carlos J Fernandez* Date: 3/14/09 Daytime Phone #: (786) 473 9941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/09