2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2006
Secretary of State

DOCUMENT# N05000001502

Entity Name: CHEER ILLUZIONS, INC.

Current Principal Place of Business:

PO BOX 540958
OPA LOCKA, FL 33054

New Principal Place of Business:

15640 WEST BUNCHE PARK DRIVE
OPA LOCKA, FL 33054

Current Mailing Address:

PO BOX 540958
OPA LOCKA, FL 33054

New Mailing Address:

15640 WEST BUNCHE PARK DRIVE
OPA LOCKA, FL 33054

FEI Number: 20-2537269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZALKA, STEPHEN M
6437 NW 99TH AVE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: STEPHEN M. ZALKA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNBAPTISTE, TANISHA D
Address: 15540 W BUNCHE PK DR
City-St-Zip: OPA LOCKA, FL 33054

Title: V ( ) Delete
Name: MARSH, CASSANDRA
Address: 3217 DOLPHIN DR
City-St-Zip: MIRAMAR, FL 33025

Title: S ( ) Delete
Name: SMITH, SHANITA
Address: 2780 NW 164 STREET
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: STRAUGHTER, LEKETRISSE
Address: 514 NW 179 ST
City-St-Zip: MIAMI, FL 33169

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANISHA D. JOHNBAPTISTE P 09/25/2006
Electronic Signature of Signing Officer or Director — Date