## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000007028

Address:

City-St-Zip:

13850 NW 26TH AVE.

OPA LOCKA, FL 33054

FILED Oct 10, 2008 Secretary of State

**Entity Name: LOOK-AT-ME NOW CORPORATION Current Principal Place of Business: New Principal Place of Business:** 13850 NW 26TH AVE. OPA LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** 13850 NW 26TH AVE OPA LOCKA, FL 33054 FEI Number: 14-1982283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: MAYNARD, ELEANOR 13850 NW 26TH AVE. OPA LOCKA, FL 33054 US 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: ELEANOR MAYNARD Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ELEANOR, MAYNARD Name: Name: 13850 NW 26TH AVE. Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: PS () Delete Title: (X) Change ( ) Addition Name: DONALD, MARY Name: DONALD, DELANO R Address: 13850 NW 26TH AVE. Address: 13850 NW 26TH AVE. City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: OPA LOCKA, FL 33054 Title: ( ) Delete Title: () Change () Addition MAYNARD, ELEANOR Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DONALD, DELANO PS 10/10/2008