2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P00000026081 | | | | | T IL | ニロ | | |
| 1. Entity Name PASCAL IMBERT ENTERPRISES, INC. | | | | | 07 FEB 27 | PM 2: 19 | | |
| | | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | TALLARASS | / OF STATÉ LE, FLORI BA | · | |
| 350 LINCOLN | | C/O W.E.C 22 W . 21TH S | ST. | | WEGNINGS | | • | |
| MIAMI BEACH, FL 33139 - 9TH FLOOR | | | | i | - | - | • | |
| NEW YORK, NY 10010 | | | | | | | OFERI W LEVI | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 40 WEC 22 W. 21 | | | 71 st - 9 | 7-7-1 | | | 1947 (25~0) 1941 (187 | |
| Suite, Apt. | | Suite, Apt. #, etc. 22 WEST 21 | 555T-9 | | 21LL 112 | TCR2E OF LOT | | |
| City & State | | NEW YORK, NY | | | 4. FEI Number Applied For 13-3547769 Not Applicable | | | |
| Zip | Country | 10010 | Country | | ate of Status Desired | \$8.75 Add | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | | |
| IMBERT, PASCAL H 350 LINCOLN RD 415 MIAMI BEACH, FL 33139 | | | | | | | | |
| | | | City | WA | | FL Zip Cood | | |
| 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 VI | | | | | | | | |
| Signature, typed or printed name on agistived agent and title if applicable. (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. | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIO | VISIONANGES TO OFFI | CEBS AND DIBECTOR | CINIA | |
| TITLE | Р | Delete Delete | TITLE | | | CERS AND DIRECTOR | Addition | |
| NAME | IMPERT, PASCAL | □ belete | NAME | IMBEK. | I, PASCA | Change - | , Haddillosi) | |
| STREET ADDRESS | 350 LINCOLN RD., #415 | | STREET ADDRESS | 350 UN | COLNI DI | #415 | 1 | |
| CITY-ST-ZIP | MIAMI BCH, FL 33139 | | | MIMAL | DOME | (23 | 29 | |
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| NAME STREET ADDRESS | | | NAME CIRCLI ADDRECC | | 100089 | 98154 <u>1</u> | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 03. | 1000899 /02/0701003 | | 3.75 | |
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| STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | į | | | | |
| 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 lengt affect as if made under notify 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: 11 145 CAC MBERT 2/9/07 (213 683 450) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR OF OR OTHER PROPERTY OF THE P | | | | | | | | |

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