


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000026081		
1. Entity Name PASCAL IMBERT ENTERPRISES, INC.		
Principal Place of Business 350 LINCOLN RD. MIAMI BEACH, FL 33139		Mailing Address C/O W.E.C. 22 W. 21TH ST. 9TH FLOOR NEW YORK, NY 10010
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O WEC 22 W. 21ST - 9TH FL
Suite, Apt. #, etc.		Suite, Apt. #, etc. 22 WEST 21ST ST - 9TH FL
City & State		City & State NEW YORK, NY
Zip	Country	Zip 10010 Country

FILED

07 FEB 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

6. Name and Address of Current Registered Agent IMBERT, PASCAL H 350 LINCOLN RD 415 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent NO CHANGES	
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.		9. Signature of Registered Agent [Signature]	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME IMPERT, PASCAL	TITLE IMBERT, PASCAL	NAME IMBERT, PASCAL
STREET ADDRESS 350 LINCOLN RD., #415	CITY-ST-ZIP MIAMI BCH, FL 33139	STREET ADDRESS 350 LINCOLN RD. #415	CITY-ST-ZIP MIAMI, BEACH, FL 33139
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.		13. 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.	

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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TITLE P	NAME IMPERT, PASCAL	TITLE IMBERT, PASCAL	NAME IMBERT, PASCAL
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SIGNATURE: PASCAL IMBERT		Date: 2/9/07 Daytime Phone: (212) 683-4200	
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