


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 AM 10:43

DOCUMENT # P01000006545 1. Entity Name BEFFROI, INC.	
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Principal Place of Business 6995 NORTHWEST 82ND AVENUE BAY #43 MIAMI, FL 33166	Mailing Address 6995 NORTHWEST 82ND AVENUE BAY #43 MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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12112008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-1067634	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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	PTD MORILLO, NANCY <input type="checkbox"/> Delete STREET ADDRESS 6995 NORTHWEST 82ND AVENUE BAY #43 CITY-ST-ZIP MIAMI, FL 33166
TITLE NAME	SVD RODRIGUEZ, EDUARDO <input type="checkbox"/> Delete STREET ADDRESS 6995 NORTHWEST 82ND AVENUE BAY #43 CITY-ST-ZIP MIAMI, FL 33166
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 500139026275 CITY-ST-ZIP 12/15/08--01064--011 **150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP

REINSTATEMENT 2008 gks

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: *Nancy Morillo* Date: 12/15/08 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY MORILLO
PRESIDENT