
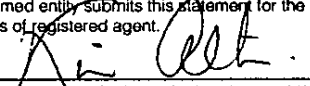
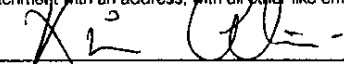


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0100022788 1. Entity Name ADVANCED BUSINESS CORP.			FILED 05 NOV 14 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3900 NW 79 AVE., STE 324 MIAMI, FL 33166 US		Mailing Address 3900 NW 79 AVE. STE 324 #202 MIAMI, FL 33166 US	
2. Principal Place of Business 1607 SW 136 PL Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Miami, FL		City & State Same	
Zip 33175		Country U.S.A	
4. FEI Number 01-0698217		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTAMIRANO, KINA R 3900 NW 79 AVE., STE 324 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name ADDRESS CHANGE ONLY: Street Address (P.O. Box Number is Not Acceptable) 1607 1607 SW 136 PL. City Miami FL Zip Code 33175	
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		REINSTATEMENT 05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSV ALTAMIRANO, KINA <input type="checkbox"/> Delete 3900 NW 79 AVE., STE 324 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS CHANGE ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1607 SW 136 PL. Miami, FL - 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400061764124 11/29/05--01073--012 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	