

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000030321

Entity Name: MIDAS WATCH, INC.

FILED  
Oct 28, 2004  
Secretary of State

## Current Principal Place of Business:

11401 NW 12TH ST  
248  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

11401 NW 12TH ST  
248  
MIAMI, FL 33172

## New Mailing Address:

FEI Number: 65-1089746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAFAR, SYED F  
9705 SW 95 AVE.  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TODYWALA, SAM  
Address: 5340 NW 104TH CT.  
City-St-Zip: MIAMI, FL 33178

Title: DVT (X) Delete  
Name: DE SHNITZER, CLARISSA FALCO  
Address: 8225 LOS PINOS CIR.  
City-St-Zip: CORAL GABLES, FL 33143

Title: DS ( ) Delete  
Name: TODYWALA, LYLA  
Address: 5340 NW 104TH CT.  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM TODYWALA

DP

10/28/2004

Electronic Signature of Signing Officer or Director

Date