

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000045857					
1. Entity Name MARCIO BARAHONA, INC.					
Principal Place of Business 15 DORCHESTER DRIVE SOUTH SUITE 340 GREENACRES, FL 33463			Mailing Address 15 DORCHESTER DRIVE SOUTH SUITE 340 GREENACRES, FL 33463		
2. Principal Place of Business 1701 Skees Rd Suite, Apt. #, etc. Lot 32 City & State West Palm Beach FL Zip 33411 Country PBC			3. Mailing Address 1701 Skees Rd Suite, Apt. #, etc. Lot 32 City & State West Palm Beach FL Zip 33411 Country PBC		
4. FEI Number 65-1107436			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SUTTON, LISA 15 DORCHESTER DRIVE SUITE 340 GREENACRES, FL 33463			7. Name and Address of New Registered Agent Name <u>Lisa Sutton</u> Street Address (P.O. Box Number is Not Acceptable) <u>1701 Skees Rd Lot 32</u> City <u>West Palm Beach</u> FL Zip Code <u>33411</u>		
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 <u>Lisa Sutton</u> 12-6-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	D SUTTON, LISA 15 DORCHESTER DRIVE - SUITE 340 GREENACRES, FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400062046364 12/09/05--01050--008 **158.35	
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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 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: <u>Lisa Sutton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>561-684-2510</u> <u>Cell 561-718-5849</u>		

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TALLAHASSEE, FLORIDA



REINSTATEMENT 2005

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