2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000077419

Entity Name: MODELAJE CORPORATION

FILED Sep 20, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

10199 S.W. 143RD ST. 15890 NW 7TH AVE. SUITE 100 SUITE 100 MIAMI, FL 33179 MIAMI, FL 33116

New Mailing Address: Current Mailing Address:

10199 S.W. 143RD ST. P.O. BOX 219

WOODSTOCK, GA 30188 SUITE 100 MIAMI, FL 33179

FEI Number: 26-0019498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE KOS RIOS, JAIME A DE LOS RIOS, JAIME A JR 15890 NW 7TH AVE. , SUITE 100 10199 S.W. 143RD ST. SUITE 100 SUITE 100 MIAMI, FL 33179 US MIAMI, FL 33116 US

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: JAIME A DE LOS RIOS, JR

09/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DE LOS RIO, JAIME A JR DE LOS RIOS, JAIME A JR Name: Name:

P.O.BOX 560549 P.O. BOX 219 Address: Address:

WOODSTOCK, GA 30188 City-St-Zip: MIAMI, FL 33259 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: LEAL, MARIA I Name:

DE LOS RIOS, ANDRES H P.O.BOX 560549 P.O. BOX 219 Address: Address:

MIAMI, FL 33259 WOODSTOCK, GA 30188 City-St-Zip: City-St-Zip:

Title: Title: D (X) Delete () Change () Addition

BYER, DREW Name: Name: P.O.BOX 560549 Address: Address: City-St-Zip: MIAMI, FL 33259 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MOLINA, NICK Name: Name: Address: P.O.BOX 560549 Address: City-St-Zip: MIAMI, FL 33259 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 Statutés. 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: JAIME A DE LOS RIOS, JR D 09/20/2005