2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT -3 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08
(P01000104281P)

DOCUMENT # P01000104281

1. Entity Name
ALLRESTORE, INC.

Principal Place of Business	Mailing Address
18291 S.W. 206 ST. MIAMI, FL 33187	18291 S.W. 206 ST. MIAMI, FL 33187

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

10012008 REIN-P CR2E098 (1/07)

4. FEI Number: 65-1154080 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLARES, IRMA T ESQ.
777 BRICKELL AVE., STE. 500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800136619728
10/03/08--01058--006 **750.00

City FL Zip Code

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: Jeff Lazzeri

Date

FILE NOW!!! FEE IS $750.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	Delete	TITLE		Change	Addition
NAME	LAZZERI, JEFF		NAME			
STREET ADDRESS	18291 SW 206 ST		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: Jeff Lazzeri (Typed or printed name of signing officer or director)

Date — Daytime Phone # — 10/30