2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000112140

1. Entity Name
PAZCAL INTERNATIONAL, INC.

FILED
06 OCT 17 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10062006 REIN-P CR2E098 (11/05) 06

Principal Place of Business	Mailing Address
6550 SOUTHWEST 40TH STREET MIAMI, FL 33155	6550 SOUTHWEST 40TH STREET MIAMI, FL 33155

2. Principal Place of Business		3. Mailing Address	
7227 SOUTHWEST 40 St		7227 SW 40 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33155	Country: USA	Zip: 33155	Country: U.S.A.

4. FEI Number: 65-1155250 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Christian Pazmino Street Address (P.O. Box Number Is Not Acceptable): 7227 SW 40 St City: MIAMI, FL FL Zip Code: 33155

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: [signature] DATE: Oct 10, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, 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	PSTD PAZMINO, CHRISTIAN E 6550 SOUTHWEST 40TH STREET MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700008093224 7 10/18/06--01005--014 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[initials] 10/23	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Oct 10, 2006 (305) 266 4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #