

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000112366 1. Entity Name FREZIN INC.	
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FILED
05 JAN 14 PM 3: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 REIN-P CR2E098 (6/04)

Principal Place of Business 19478 SW 64TH STREET PEMBROKE PINES, FL 33332	Mailing Address 19478 SW 64TH STREET PEMBROKE PINES, FL 33332
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2. Principal Place of Business 15953 SW 13th Street Suite, Apt. #, etc.	3. Mailing Address 15953 SW 13th Street Suite, Apt. #, etc.
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City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33027	Zip 33027
Country USA	Country USA

6. Name and Address of Current Registered Agent DOMINIQUE, MAGDA 19478 SW 64TH STREET PEMBROKE PINES, FL 33332 15953 SW 13th Street Pembroke Pines, FL 33027	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 <i>Magda Dominique</i> <small>Signature of person or persons authorized to execute this statement and title if applicable.</small>	DATE 1-11-2005 <small>NOTE: Registered Agent signature required when reinstating.</small>

FILE NOW!!! FEE IS \$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	PCEO <input type="checkbox"/> Delete FREZIN, JEAN N 19478 SW 64TH STREET PEMBROKE PINES, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete DOMINIQUE, MAGDA 19478 SW 64TH STREET PEMBROKE PINES, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900044770643 01/14/05--01024--015 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PR 1/14

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: <i>Magda Dominique</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1-11-2005 <small>Date</small>
	DAYTIME PHONE # 754-234-6152 <small>Daytime Phone #</small>