

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000069082

**FILED**  
**Feb 15, 2007**  
**Secretary of State**

**Entity Name:** FOUNTAIN IMAGING OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

6330 S.W. 41 COURT  
DAVIE, FL 33314

**New Principal Place of Business:**

2221 N. UNIVERSITY DRIVE, SUITE A.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

6330 S.W. 41 COURT  
DAVIE, FL 33314

**New Mailing Address:**

2221 N. UNIVERSITY DRIVE, SUITE A.  
PEMBROKE PINES, FL 33024

**FEI Number:** 02-0621724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEISSMAN, LEE M  
6330 S.W. 41 COURT  
DAVIE, FL 33314 US

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

GLOVAN ENTERPRISES INC.  
31SE 5TH ST SUITE 2901  
MIAMI, FL 33131 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: OM

02/15/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FRIEDEBERG, MICHAEL  
Address: 1 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: CEO ( ) Delete  
Name: FRIEDEBERG, MICHAEL  
Address: 1 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MAS, EDUARDO  
Address: 2221 N. UNIVERSITY DRIVE, SUITE A.  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: CEO (X) Change ( ) Addition  
Name: MAS, EDUARDO  
Address: 2221 N. UNIVERSITY DRIVE, SUITE A.  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ME

P

02/15/2007

Electronic Signature of Signing Officer or Director

Date