

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000073250																											
1. Entity Name MCGUINESS'S SLY FOX, INC.																											
Principal Place of Business 3537 GALT OCEAN DR FT LAUDERDALE, FL 33308		Mailing Address 3537 GALT OCEAN DR FT LAUDERDALE, FL 33308																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt #, etc.		Suite, Apt #, etc.																									
City & State		City & State																									
Zip		Zip																									
Country		Country																									
12152006		REIN-P																									
CH2E088 (6/04)		4. FEI Number 05-0522352																									
5. Certificate of Status Desired ☐		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent BARRETT, MARTIN 3537 GALT OCEAN DRIVE FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u>Martin Barrett</u>		DATE: <u>12/24/05</u>																									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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																									
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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: <u>Martin Barrett</u>		MARTIN BARRETT, <u>12/24/05</u> (954) 2955259																									

1/1/06