


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000092875		
1. Entity Name ORFEBRES .925, INC		

FILED

05 AUG 16 AM 10:12

Principal Place of Business 777 N.W. 72 AVE. MIAMI INTERNATIONAL MART MIAMI, FL 33126	Mailing Address 7799 BLAIRWOOD C NORTH 1AA27 LAKE WORTH, FL 33467
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 04-05
4. FET Number 82-0561814
Applied For Not Applicable

6. Name and Address of Current Registered Agent RUIZ, MIGUEL 777 NW 72 AVE., STE 1AA27 MIAMI, FL 33126	
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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 Miguel Ruiz (NOTE: Registered Agent signature required when reinstating) DATE

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	P	Delete		TITLE	Change Addition		
NAME	RUIZ, MIGUEL			NAME	200058700332		
STREET ADDRESS	777 NW 72 AVE., STE 1AA27			STREET ADDRESS	08/17/05--01047--005 **300.00		
CITY-ST-ZIP	MIAMI, FL 33126			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 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: Miguel Ruiz 8/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #