2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000118294

Entity Name: ALEPH CLERICI INC

FILED Mar 13, 2008 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

1717 N. BAYSHORE DR 2353 2121 N. BAYSHORE DR MIAMI, FL 33132

712

MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

1717 N. BAYSHORE DR 2353 2121 N. BAYSHORE DR

SUITE A-6 MIAMI, FL 33132 MIAMI, FL 33137

FEI Number: 16-1637744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLERICI, AMERIGO CLERICI, GABRIELE 3400 SW 26 TERR A6 2121 N.BAYSHORE DRIVE FORT LAUDERDALE, FL 33312 US

MIAMI, FL 33317 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: CLERICI GABRIELE 03/13/2008

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CLERICI, GABRIELE CLERICI, AMERIGO Name: Name: 1717 NORTH BAYSHORE DRIVE 2353 665 HIGH POINT DRIVE #D Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: DELRAY BEACH, FL 33445

Title: (X) Delete Title: () Change () Addition

CLERICI, AMERIGO Name: Name: 3400 SW 26 TERR A6 Address: Address: FORT LAUDERDALE, FL 33312 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

CLERICI, AMERIGO Name: Name: 3400 SW 26 TERR A6 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

CLERICI, AMERIGO Name: Name: Address: 3400 SW 26 TERR A6 Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GABRIELE CLERICI RA 03/13/2008