2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000000 1. Entity Name SMALL WORLD PROMOTIONS, CO			FIL 05 JAN 11	ED PH 4: 57
Principal Place of Business 50 LINDSAY COURT HIALEAH, FL 33010	Mailing Address 50 LINDSAY COURT HIALEAH, FL 33010		ſ	or of ATE E, Florida
2. Principal Place of Bysiness 830 EGSH AYENUC Suite, Apt. #, etc.	3. Hailing Address Suite, Apt. #, etc.	1 Avenue	OFEE WORLD	MEMT 04-05
Hialeah, Florida	Hiarah, Fi	pricla	4. FEI Number	Applied For Not Applicable
33010 NJSA	33010		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current PEREZ, BACILIA 50 LINDSAY COURT	negistered Agent	Name Street Address	(P.O. Box Number is Not Acceptable)	
HIALEAH, FL 33010		0.302_1	AH I HYGIU	
		City Hia	teah	FL ZingCodin
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE	and title if applicable. (NOTE:	Registered Agent signature requ	ulted when reinstating)	DATE
FILE NOW!!! FEE IS \$300.00		- ,	In accordance w corporation did n	ith s. 607.193(2)(b), F.S., the lot receive the prior notice.
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFIC	
ITITE DP NAME PEREZ, BACILIA STREET ADDRESS 50 LINDSAY COURT CITY-ST-ZIP HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ez, bacilia o fait i Avenue	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ez, Modesto East 1 Avenue	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ez, Christopher East Avenue	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000445 01/11/0501015	☐☐☐☐☐Change ☐ Addition ŬÜ2 **3UU.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empth changed, or on an attachment with an address. SIGNATURE:	s true and accurate and that my owered to execute this report as	ne exemption stated in S signature shall have the s required by Chapter 60	section 119.07(3)(i). Florida Statutes. I e same legal effect as if made under or or, Florida Statutes; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if