


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -8 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016467		
1. Entity Name 2001 NEW YORK STYLE - II, CORP.		

Principal Place of Business 3820 NW 183 ROAD APT 111 OPA LOCKA, FL 33055	Mailing Address 3820 NW 183 ROAD APT 111 OPA LOCKA, FL 33055
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2. Principal Place of Business <i>6429 pembroke Rd</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Suite # 5</i>	Suite, Apt. #, etc.
City & State <i>Hollywood FL</i>	City & State
Zip <i>33023</i>	Country



10192005 REIN-P CR2E098 (6/04)

4. FEI Number 32-0058049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PADILLA, ANGEL PRESIDE 3820 NW 183 ROAD OPA LOCKA, FL 33055	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Angel S Padilla* DATE: *10-19-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PADILLA, ANGEL 3820 NW 183 ROAD APT 111 OPA LOCKA, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061256450 11/08/05--01041--009 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REGUS, REINA 3820 NW 183 ROAD APT 111 OPA LOCKA, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC REGUS, ANA 3820 NW 183 ROAD APT 111 OPA LOCKA, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Angel S Padilla* DATE: *10-19-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR