

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030734 1. Entity Name LANGERADO, INC.						FILED 05 FEB -8 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1801 S FEDERAL HWY STE 240 DELRAY BEACH, FL 33483				Mailing Address 1801 S FEDERAL HWY STE 240 DELRAY BEACH, FL 33483			
2. Principal Place of Business 320 PLAZA REAL Suite, Apt. #, etc. SUITE 216		3. Mailing Address 320 PLAZA REAL Suite, Apt. #, etc. SUITE 216		 REINSTATEMENT 04-05			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 26 0068905		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33432		Country USA		Zip 33432		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Michael E Muchnick Street Address (P.O. Box Number is Not Acceptable) 600 So. Andrews Ave Suite # 600 City FT LAUD FL Zip Code 33301			
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132							
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/26/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARK <input type="checkbox"/> Delete 1801 S FEDERAL HWY STE 240 DELRAY BEACH, FL 33483			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 PLAZA REAL SUITE 216 BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ETHAN SCHWARTZ 320 PLAZA REAL SUITE 216 BOCA RATON, FL 33432		
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 000046646940 02/15/05--01044--012 **300.00		
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:				Date 2/1/05		Daytime Phone # 561 278-2610	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							