



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000034539</b> 1. Entity Name <b>GARY NADER CORPORATION</b>						<b>FILED</b> <b>07 AUG 10 PM 4:42</b> STATE OF FLORIDA TREASURER'S OFFICE	
Principal Place of Business <b>3306 PONCE DE LEON BLVD</b> <b>CORAL GABLES, FL 33134</b>				Mailing Address <b>3306 PONCE DE LEON BLVD</b> <b>CORAL GABLES, FL 33134</b>			
2. Principal Place of Business - No P.O. Box # <b>62 N.E. 27th Street</b>		3. Mailing Address <b>2665 S. Bayshore Drive</b>		 <b>REINSTATEMENT</b> 06-07			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 703</b>					
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>02-0689920</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33137</b>		Country <b>USA</b>		Zip <b>33133</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>CASTILLO B., ALVARO</b> <b>1390 BRICKELL AVENUE SUITE 200</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>World Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2665 S. Bayshore Drive</b> <b>Suite 703</b> City <b>Miami</b> <b>FL</b> <b>33133</b>			
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 <u>Timothy D. Richards, President</u> <span style="float: right;">8/9/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				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 NADER, GARY <input type="checkbox"/> Delete <b>3306 PONCE DE LEON BLVD</b> <b>CORAL GABLES, FL 33134</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nader, Gary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>62 N.E. 27th Street</b> <b>Miami, FL 33137</b>		
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		
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 exemptions contained 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 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: <u>Gary Nader</u> <span style="float: right;">8/9/07 (305) 858-9900</span>							