2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000038837

EACTRAIL ENTERPRISE INC

FILED Mar 15, 2009 Secretary of State

Entity Nai	me: FASIRA	K ENTERPRISE, INC				
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 105						
FILAUDE	ERDALE, FL 3	3309				
Current Mailing Address:				New Mailing Address:		
2975 B WEST COMMERCIAL BLVD FT LAUDERDALE, FL 33309				3333 WEST COMMERCIAL BLVD STE 105 FT LAUDERDALE, FL 33309		
FEI Number:	: 55-0822180	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
105 FORT LAU The above in the State	ST COMMERC JDERDALE, F named entity e of Florida.	L 33309 US submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: VILLY CH	nic Signature of Registered Ac			Date	
Election Car	ce with s. 607.19	03(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	-	•	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHOUTE, VILL 3333 W. COM) Delete Y MERCIAL BLVD STE 105 RDALE, FL 33309		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DUVERNA, JO 3333 W. COM) Delete SUE MERCIAL BLVD STE 105 RDALE, FL 33309		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOSUE DUVERNA Ρ 03/15/2009