## 2006 FOR PROFIT CORPORATION

2	2006 FOR PROFI REINST	T CORPORATI ATEMENT	ION		APPAL APPAL
DOCUMENT # P03000045775 .  1. Entity Name MODA CONNECTION INC.					06 MAY 25 PM 2: 11
Principal Place of Business 1235 ALTON ROAD SUITE B MIAMI BEACH, FL 33139		Mailing Address 1235 ALTON ROAD SUITE B MIAMI BEACH, FL 33139			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business  // 100 S . Po A+ DRIVE  Suite, Apt. #, etc.  Z 0 0 1		3. Mailing Address 100 S. Po.Al Drive Suite, Apt. #, etc. 2031			05232006 REIN-P CR2E098 (11/05)
City & State Beach FL		City & State Miami Beach	FL		4. FEI Number Applied For 30-0169332 Not Applicable  5. Certificate of Status Desired \$8.75 Additional
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name		
NEZELLO, 1235 ALTO SUITE B MIAMI BEA 8. The above the obligation	r the purpose of changing its reg	Street Address (P.O. Box Number is Not Asceptable)  Sur, He # 2001  City an i Brack, FC FL Zip.Code, 33, 35  gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  M. J. 2006.			
FILE NOW!!! FEE IS \$300.00  (NOTE: Registered Agent signature required when reinstating)  DATE  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEZELLO, ELISA 1235 ALTON ROAD SUITE B MIAMI BEACH, FL 33139	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Thange Addition  OU S. Point Dr. #2001  Iam Beach, FC 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEZELLO, LUIZ OLAVO 1235 ALTON ROAD SUITE B MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Do S. Point Dr. #2001
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7771	Change Addition 700075557517 05/31/06-01022-022 **300.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	N	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	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Dayling Priore #					

## CHAYIM KESSLER, CPA, PA.' 150 N.W. 168<sup>th</sup> St., Suite #217 N. Miami Beach, FL 33169

Tel (305)652-4422 / Fax 652-2021 info@MiamiBeachCPA.com

May 23, 2006

Florida Department of State Division of Corporations Clifton Building

To whom it may concern:

I did not receive notification of reinstatement for Moda Connection, Inc. for the years 2004 and 2005.

I would appreciate it if you would kindly consider waiving the penalty of \$600.00.

Thank you for your consideration in this matter.

Sincerely,

President of Moda Conenction, Inc.

Registered Agent for Moda Connection, Inc.