
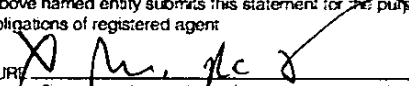
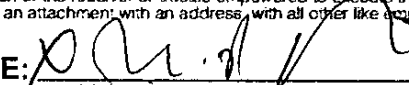


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 NOV -8 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000049326 1. Entity Name FREXEN LABORATORIES, INC.					
Principal Place of Business 7620 N.W. 25 STREET UNIT 7 MIAMI, FL 33122			Mailing Address 7620 N.W. 25 STREET UNIT 7 MIAMI, FL 33122		
2. Principal Place of Business 14829 NW 88 ct. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Miami Lakes, FL		City & State SAM		4. FEI Number 06-1693559	
Zip 33018		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, WILLIAM D 6960 SW 75 AVE. MIAMI, FL 33143			7. Name and Address of New Registered Agent Name William D. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 14829 NW 88 ct. City Miami Lakes FL Zip Code 33018		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PD RODRIGUEZ, WILLIAM D 6960 SW 75 AVE. MIAMI, FL 33143	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000081773130 11/14/06--01073--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MONTANEZ, BENJAMIN 10546 NW 54 ST. MIAMI, FL 33178	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06 Dec	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZARATE, JUAN CARLOS 2369 BREEZY PINES LN VIRGINIA BEACH, VA 23456	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #