2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# P03000061708

Entity Name: FLORELLI INC.

Current Principal Place of Business:

825 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

2191 NORTH BAY ROAD
MIAMI BEACH, FL 33140

Current Mailing Address:

825 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140

New Mailing Address:

2191 NORTH BAY ROAD
MIAMI BEACH, FL 33140

FEI Number: 38-3682706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H
825 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

HALPERN, ELINOR
2191 NORTH BAY ROAD
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: ELINOR HALPERN 10/21/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: HALPERN, ELINOR J
Address: 2191 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Delete
Name: HALPERN, ELINOR J
Address: 2191 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HALPERN, ELINOR J
Address: 2191 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELINOR HALPERN PD 10/21/2004
Electronic Signature of Signing Officer or Director Date