2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000083404

Entity Name: GWYN RENEE INC.

FILED Oct 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ROYAL PALM PLACE SOUTH 101 PLAZA REAL , SUITE B BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

ROYAL PALM PLACE SOUTH 101 PLAZA REAL , SUITE B BOCA RATON, FL 33432

FEI Number: 80-0071712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH KEENAN, GWENDOLYN 2200 W. GLADES ROAD, SUITE #504B

ROYAL PALM PLACE 101 PLAZA REAL STE B

BOCA RATON, FL 33431 BOCA RATON, FL 33432

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.

SMITH, GWENDOLYN

SIGNATURE: GWENDOLYN SMITH 10/04/2006

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SMITH KEENAN, GWENDOLYN SMITH, GWENDOLYN Name: Name:

2200 W. GLADES ROAD, SUITE #504B Address: ROYAL PALM PLACE 101 PLAZA REAL STE B Address:

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33432

Title: () Delete Title: () Change (X) Addition

Name: Name: SMITH, MIRIAM

Address: Address: ROYAL PALM PLACE 101 PLAZA REAL STE B

BOCA RATON, FL 33432 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

VΡ SIGNATURE: GWENDOLYN SMITH 10/04/2006