2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000083825

Entity Name: BARMITZVAHS.COM INC.

FILED Oct 16, 2009 Secretary of State

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

309 NW 10 TERRACE 309 NW 10 TERRACE HALLANDALE, FL 33009 HALLANDALE, FL 33309

Current Mailing Address: New Mailing Address:

309 NW 10 TERRACE 309 NW 10 TERRACE HALLANDALE, FL 33009 HALLANDALE, FL 33309

FEI Number: 20-0571224 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:

SCHIANO, NICHOLAS
309 NW 10 TERRACE
HALLANDALE, FL 33009 US
SCHIANO, NICHOLAS
309 NW 10 TERRACE
HALLANDALE, FL 33309 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: NICHOLAS SCHIANO 10/16/2009

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

 Name:
 CUTLER, ERIC
 Name:
 CUTLER, ERIC

 Address:
 309 NW 10 TERRACE
 Address:
 309 NW 10 TERRACE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33309

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

 Name:
 SCHIANO, NICHOLAS
 Name:
 SCHIANO, NICHOLAS

 Address:
 309 NW 10 TERRACE
 Address:
 309 NW 10 TERRACE

 City-St-Zip:
 HALLANDALE, FL 33009
 City-St-Zip:
 HALLANDALE, FL 33309

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: NICHOLAS SCHIANO VP 10/16/2009