

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000097857

FILED
Oct 12, 2005
Secretary of State

Entity Name: FOX BIKINI ENTERTAINMENT INC.

Current Principal Place of Business:

210 SW 15 RD
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

210 SW 15 RD
MIAMI, FL 33129

New Mailing Address:

FEI Number: 45-0525416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERAUX, REYNOLD
210 SW 15 RD #500
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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: REYNOLD HERAUX

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: DPS () Delete
Name: HERAUX, REYNOLD
Address: 210 SW 25 RD
City-St-Zip: MIAMI, FL 33129

Title: DV () Delete
Name: FOCIL, DAVID A
Address: 5521 NW 112 AVE #115
City-St-Zip: MIAMI, FL 33178

Title: DV (X) Delete
Name: FOCIL, DAVID E
Address: 5521 NW 112 AVE #115
City-St-Zip: MIAMI, FL 33178

Title: DV (X) Delete
Name: MORALES, ROBERTO
Address: 210 SW 15 RD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: REYNOLD HERAUX

DPS

10/12/2005

Electronic Signature of Signing Officer or Director

Date