

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000114333 1. Entity Name MR. OFFICE, INC.				FILED 06 APR 10 AM 8:41 TALLAHASSEE, FLORIDA	
Principal Place of Business 5521 SW 97 AVE MIAMI, FL 33165		Mailing Address 5521 SW 97 AVE MIAMI, FL 33165		 REINSTATEMENT (11/05) 05-06	
2. Principal Place of Business 8995 SW 52 St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 431576 Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33165		Zip 33243			
Country MIAMI-DADE		Country MIAMI-DADE		4. FEI Number 20-059-7923	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONTOYA, CARMEN L 5521 SW 97 AVE MIAMI, FL 33165				7. Name and Address of New Registered Agent Name CARMEN L. MONTOYA Street Address (P.O. Box Number is Not Acceptable) 8995 SW 52 St City MIAMI FL Zip Code 33165	
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 <u><i>CML</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/5/06</u>					
FILE NOW!!! FEE IS \$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	D MONTOYA, CARMEN L 5521 SW 97 AVE MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T MONTOYA, CARMEN L 8995 SW 52 St MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>CML</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			K. Eskei APR 12 2006 Date <u>4/5/06</u> Daytime Phone # <u>(786) 259-3991</u>		