

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 APR -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117497

1. Entity Name
PERFECT BEHAVIOR SOLUTIONS, INC.



Principal Place of Business
18520 NW 67TH AVE
#141
MIAMI, FL 33015

Mailing Address
18520 NW 67TH AVE
#141
MIAMI, FL 33015

2. Principal Place of Business
18520 N.W. 67th Ave
Suite, Apt. #, etc.
Miami, FL 33015 #141

3. Mailing Address
18520 N.W. 67th Ave
Suite, Apt. #, etc.
Miami, FL 33015 #141

City & State

Zip
33015

Country
U.S.

Zip
33015

Country
U.S.

6. Name and Address of Current Registered Agent
MATHIAS, ISAIE
5430 SW 129TH AVE
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name
Mathias Isaie
Street Address (P.O. Box Number is Not Acceptable)
5340 S.W. 129th Ave
City
Miramar FL Zip Code
33027

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Isaie Mathias PS (NOTE: Registered Agent signature required when reinstating) DATE 3-23-05

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	PS MATHIAS, ISAIE 18520 NW 67TH AVE #141 MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Isaie Mathias DATE 3-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Perfect Behavior Solutions

18520 NW 67th Ave
Miami, Florida 33015

February 3, 2005

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Dear Sir or Madam:

When I went to file for my tax, it was brought to my attention that the status of my corporation was inactive. This is my first year in business. More importantly, I never received any notification. I spoke to a representative and she informed me that it should have arrived in the form of a postcard. Nevertheless, she stated to write a check for \$300 and submit it along with this letter.

Sincerely,



Isale Mathias
President