2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000133477

Entity Name: INTERNATIONAL MEMORIAL, INC.

FILED Nov 09, 2005 Secretary of State

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

PO BOX 421424 631 E OAKRIDGE RD. KISSIMMEE, FL 34742 SUITE-2

ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

631 E. OAKRIDGE RD. SUITE-2 PO BOX 421424 KISSIMMEE, FL 34742 ORLANDO, FL 32809

FEI Number: 20-0399484 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:

CUEVAS, ORLANDO CUEVAS, ORLANDO 2101 CAŚCADES BLVD 631 E OAKRIDGE RD. SUITE 201 SUITE -2 KISSIMMEE, FL 34741 US ORLANDO, FL 32809 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: ORLANDO CUEVAS 11/09/2005

> 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 CUEVAS, ORLANDO

CUEVAS, ORLANDO Name: Name: PO BOX 421424 631 E OAKRIDGE RD. Address: Address: City-St-Zip: KISSIMMEE, FL 34742 City-St-Zip: ORLANDO, FL 32809

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

Name: FLORES, VIRGEN Name: FLORES, VIRGEN PO BOX 421424 Address: 631 E.OAKRIDGE RD. Address: KISSIMMEE, FL 34742 ORLANDO, FL 32809 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 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: ORLANDO CUEVAS PT 11/09/2005