2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000139665

Entity Name: OMNIVIT. INC.

FILED Oct 11, 2005 Secretary of State

Entity Nar	ne: OMNIVII, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
9205 NORTHWEST 101ST STREET MEDLEY, FL 33178		3337 N.W. 74TH AVE MIAMI, FL 33122		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
9205 NORTHWEST 101ST STREET MEDLEY, FL 33178		3337 N.W. 74TH AVE MIAMI, FL 33122		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOO MIAMI, FL	9R 33145 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ANTHONY ALFONSO			
	Electronic Signature of Registered A	gent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation did npaign Financing Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete ALFONSO, ANTHONY 9205 NORTHWEST 101ST STREET MEDLEY, FL 33178	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (X) Delete SEAL, SANJUKTA 9205 NORTHWEST 101ST STREET MEDLEY, FL 33178	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	STD (X) Delete CASAS, RAYMOND J	Title: Name:	()Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANTHONY ALFONSO MR 10/11/2005

9205 NORTHWEST 101ST STREET

MEDLEY, FL 33178

Address: City-St-Zip: