


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151761		
1. Entity Name DO BO INVESTMENTS, INC.		
Principal Place of Business 5492 N.W. 57TH WAY CORAL SPRINGS, FL 33067	Mailing Address 5492 N.W. 57TH WAY CORAL SPRINGS, FL 33067	

FILED  
06 JUN 12 AM 9: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

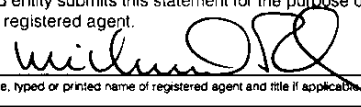
2. Principal Place of Business 888 S. ANDREWS AVE Suite, Apt. #, etc. SUITE 201 City & State FT. LAUDERDALE, FL Zip 33316 Country USA	3. Mailing Address 888 S. ANDREWS AVE. Suite, Apt. #, etc. SUITE 201 City & State FORT LAUDERDALE, FL Zip 33316 Country USA
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06062006 REIN-P CR2E098 (11/05) 05-06

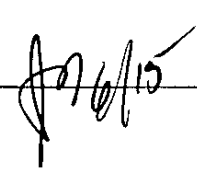
4. FEI Number 20-0486930	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEISS, ROBERT F 7405 N PINE ISLAND RD TAMARAC, FL 33321	7. Name and Address of New Registered Agent Name MICHAEL R. EMERY Street Address (P.O. Box Number is Not Acceptable) 888 SOUTH ANDREWS AVENUE SUITE 201 City FORT LAUDERDALE, FL Zip Code 33316
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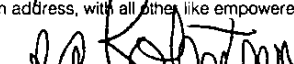
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 6-6-06

FILE NOW!!! FEE IS \$900.00	900076409329 06/21/06--01011--007 **308.75
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, LISA 5492 N.W. 57TH WAY CORAL SPRINGS, FL 33067 <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
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:  LISA ROBERTSON 6-6-06 954-726-8468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #