2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCU 1. Entity Nam IX CHEL	ne	# P0400000 6 GS, INC.	5308				05	FIL 5 DEC -5	ED PM 2	2: 43	
Principal Plac	o of Business		Mailing Address			_		٠,			
Principal Place of Business 500 SE 32 CT FORT LAUDERDALE, FL 33316			Mailing Address 500 SE 32 CT FORT LAUDERDALE, FL 33316				IA.	LLAHASSI	i dr. s EE, FL	CATE ORIDA	
			i indinen m	ETIN MEN ETIN ET	16 66711 15710 6710						
2. Principal Place of Business			3. Mailing Address 757 St 17 St								
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 732			12022005	REIN-P	CR2E096	3 (6/04)		
City & State			City & State Ft. Lauderdele, FL			4. FEI Numbe 20-061			 	oplied For ot Applicable	
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired			3.75 Add	ditional	
	6. Name and Address of Current					7 Name and Address of New Registeres			e Require		
	o. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
KUPFERM	IAN SCOT	тт м	I Name								
757 SE 17	TH STREE		Street Address			ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
			;		City	 .			Zip Code		
			<u> </u>		'			FL			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
(TOTAL TRESIDENT AND THE SECOND TO THE SECOND SECON											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00							In accordance corporation did	with s. 607.19 not receive th	13(2)(b), l ne prior r	F.S., the notice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DI	RECTORS	S IN 11	
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NAME	KUPFERN	MAN, SCOTT M		NAME		_اميخ مورده د	000619 0501061	J1413	12]	_	
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	Certify that the	information supplied with	This filing does not qualify			- Section 110.07(3)(i) Florido Statuta	Liberthan and in	that the	-formation	
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-peoply 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: Signature: 11/20/-5 954. 828.12.12											
SIGNAL	UKE: _	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFI	CER OR DIREC	TOR	ermi-	77/24/4 Date		ne Phone #	"/+16	
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