

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000016056

Entity Name: THREE IN ONE, INC.

FILED
Oct 17, 2005
Secretary of State

Current Principal Place of Business:

2314 NW 150 STREET,
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

19930 NW 9 DRIVE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 54-2142212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOEL M ESQ
3800 INVERRAY BLVD. SUITE
100-E
FT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES, INC
160 NE 176TH STREET
#203
MIAMI, FL 33169 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: ANIS BLEMUR

10/17/2005

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:

Title: P () Delete
Name: KING, CHRISTOPHER
Address: 19930 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V () Delete
Name: KING, CHRISTOPHER
Address: 19930 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: KING, CHRISTOPHER
Address: 19930 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: KING, CHRISTOPHER
Address: 19930 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CHRISTOPHER KING

P

10/17/2005

Electronic Signature of Signing Officer or Director

Date