
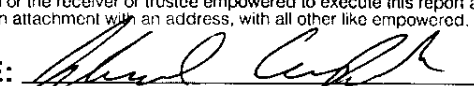


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000017737					
1. Entity Name SELASSIE, INC.					
Principal Place of Business 107 WALLACE ST TALLAHASSEE, FL 32301			Mailing Address 107 WALLACE ST TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address P.O. Box 5713 Suite, Apt. #, etc. TALLAHASSEE FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10252006 REIN-P CR2E098 (11/05)	
32314	LEON	4. FEI Number 86-1097045			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANAJAH, JAHREAL 107 WALLACE ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 			DATE 10-25-06		
(Signature, typed or printed name of registered agent and title if applicable)			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANAJAH, JAHREAL 107 WALLIS STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANAJAH, JAHREAL 107 WALLIS STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANAJAH, JAHREAL 107 WALLIS STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANAJAH, JAHREAL 107 WALLIS STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
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.			REINSTATEMENT 2006 800081789298 11/14/06--01063--007 **150.00		
SIGNATURE: 			DATE 10-25-06		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Daytime Phone #		

FILED

06 OCT 25 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

