2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCU				FI	LED					
LIL Entity Name BURETO METAL STUDIO, INC.					06 JUL 31 AM 9: 53					
				a Table		or Gid-TAD	Y Ott e	7.456		
Principal Place of Business Mailing Address 1602 PHILADELPHIA AVENUE 1602 PHILADELPHIA AVE			CAULC			TALL AHASS	EE FL	LASE ORIDA		
ORLANDO, FL 32803 ORLANDO, FL 32803			ENUC					отпрд		

2. Principal Place of Bysiness 2. Mailing Address 3. Mailing Address								II ETEN HET IT		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			07262006			98 (11/05)	5-01	
OR A	Ndo. Fl.	City & State			4. FEI Numbe	20-067	1385	O Ap	oplied For ot Applicable	
Zip 32	803 DEANIAR	Zip Country				of Status Desired	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$8.75 Add	ditional	
· · · · · · · · · · · · · · · · · · ·			7. Name and	Address of New R						
		Name								
PETKOV, BORISLAV 1602 PHILADELPHIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO		161	I AZ	den	2d					
			City	20.11	ANdo		FL.	Zip Code	°32803	
8. The above	named entity submits this statement for	the purpose of changing its re				h, in the State of Flo		lamiliar with.	and accept	
the obl <u>igati</u>	on or registered agent.	- A COA A . 1	D			*				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) OATE										
FIL	E NOW!!! FEE IS \$300.00					In accordance w corporation did	rith s. 607. not receive	.193(2)(b), l e the prior r	F.S., the notice.	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
	P	☐ Delete	TITLE	P	-1/2/	Bosisli	9-V	Change	☐ Addition	
	PETKOV, BORISLAV 1602 PHILADELPHIA AVENUE		NAME STREET ADDRESS	PEI	RUVI	BORISH	,		İ	
	ORLANDO, FL 32803		CITY-ST-ZIP	OR	ANO	0, F1.	32	803		
TITLE	-	☐ Delete	TITLE			/		Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		007 0 0	V 0001094	(1)4	***1201"	. 00	
TITLE NAME	Lad	Delete	TITLE NAME		QC	<mark>900784</mark> 70601064	843	Charge	☐ Addition	
STREET ADDRESS	(p r of	<i>)</i>	STREET ADDRESS		08/08	/0601064-	005	**150°	00	
CITY-ST-ZIP	Y		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME		(**)	`````````````````````````````	ന ദേ	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		08708	100784 70601064	006	**8,75	;	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			roo oloo:	(2/2/-01	400 G F C		
TITLE		Delete	TITLE					☐ Change	Addition	
NAME Street address			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
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.										
	4	R OCC CAL	. 12		·- ~//		_	20	-1	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prohib #										