

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000025019

Entity Name: TWINKLE, TWINKLE, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

6835 SW 45 LANE
UNIT #11
MIAMI, FL 33155 US

New Principal Place of Business:

2710 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Current Mailing Address:

6835 SW 45 LANE
UNIT #11
MIAMI, FL 33155 US

New Mailing Address:

2710 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

FEI Number: 81-0643743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALMELLI, ALICIA
6835 SW 45 LANE
UNIT #11
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

BALMELLI, ALICIA
2710 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: ALICIA BALMELLI

04/06/2009

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: DPST () Delete
Name: BALMELLI, ALICIA
Address: 6835 SW 45 LANE #11
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BALMELLI, ALICIA
Address: 2710 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALICIA BALMELLI

DPST

04/06/2009

Electronic Signature of Signing Officer or Director

Date