

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000041183

Entity Name: THEATRELIZED LIVING, INC.

FILED
Aug 08, 2006
Secretary of State

Current Principal Place of Business:

15822 SW 140TH STREET
MIAMI, FL 33196 US

New Principal Place of Business:

15482 SW. 11 TERR.
MIAMI, FL 33194 US

Current Mailing Address:

15822 SW 140TH STREET
MIAMI, FL 33196 US

New Mailing Address:

15482 SW. 11 TERR.
MIAMI, FL 33194 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BASIC ACCOUNTING SERVICES
692 W. 29 ST
#9
HIALEAH, FL 33012 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: BASIC ACCOUNTING SERVICES

08/08/2006

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: D () Delete
Name: LOSADA, JOEL
Address: 15822 SW 140TH STREET
City-St-Zip: MIAMI, FL 33196 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: LOSADA, JOEL
Address: 15482 SW. 11 TERR.
City-St-Zip: MIAMI, FL 33194 US

Title: D/V/P () Change (X) Addition
Name: LOSADA, JOSE G
Address: 15482 SW. 11 TERR.
City-St-Zip: MIAMI, FL 33194

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL LOSADA

D

08/08/2006

Electronic Signature of Signing Officer or Director

Date