


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -3 PM 4:36

DOCUMENT # P04000047811	
1. Entity Name SYNTO SETAI 3504, INC.	

Principal Place of Business 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156	Mailing Address 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156
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**REINSTATEMENT** 05-06

2. Principal Place of Business 1500 San Remo Ave Suite, Apt. #, etc. Suite 248 City & State Coral Gables FL Zip 33146 Country	3. Mailing Address 1500 San Remo Ave Suite, Apt. #, etc. Suite 248 City & State Coral Gables FL Zip 33146 Country
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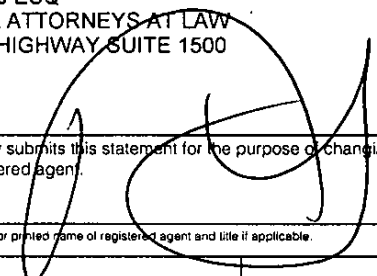
01302006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent SEGREDO, FRANK J ESQ SEGREDO & WEISZ ATTORNEYS AT LAW 9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI, FL 33156	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Pablo R. Bared, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave # 248	
City Coral Gables FL	Zip Code 33146

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 1/30/06 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAREAL, JULIAN 9559 COLLINS AVENUE UNIT 409 SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200065576622 02/10/06--01042--003 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: J Villareal D	Date 1/30/06	Daytime Phone # 3056666010
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