2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000100292

1. Entity Name
UBALDO MURSULI, P.A.

FILED
05 NOV 16 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10735 CANYON BAY LN BOYNTON BEACH FL. 33437	10735 CANYON BAY LN BOYNTON BEACH FL. 33437

10132005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
10735 CANYON BAY LANE Suite, Apt. #, etc.	10735 CANYON BAY LANE Suite, Apt. #, etc.
City & State: BOYTON BEACH, FL Zip: 33437 Country:	City & State: BOYTON BEACH, FL. Zip: 33437 Country:

4. FEI Number: 03-047 7733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURSULI, UBALDO 10735 CANYON BAY LN BOYNTON BEACH FL 33437	Name Street Address (P.O. Box Number is Not Acceptable) 10735 CANYON BAY LANE City: BOYTON BEACH FL Zip Code 33437

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: ✓ Ubaldo Mursuli ✓ 11-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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,S MURSULI, UBALDO 1100 SCOTIA DRIVE # 108 HYPOLUXO, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 10735 CANYON BAY LANE BOYTON BEACH, FL. 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100061482321 11/16/05--01041--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ Ubaldo Mursuli ✓ 11-11-05 ✓ 5616036449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #