


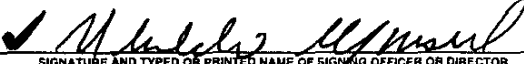


2005 FOR PROFIT CORPORATION REINSTATEMENT

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 10735 CANYON BAY LN BOYNTON BEACH FL 33437				Mailing Address 10735 CANYON BAY LN BOYNTON BEACH FL 33437			
2. Principal Place of Business 10735 CANYON BAY LANE Suite, Apt. #, etc.		3. Mailing Address 10735 CANYON BAY LANE Suite, Apt. #, etc.				10132005 REIN-P CR2E098 (6/04)	
City & State BOYNTON BEACH, FL Zip Country 33437 FLORIDA		City & State BOYNTON BEACH, FL Zip Country 33437 FLORIDA		4. FEI Number 03-0427733		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MURSULI, UBALDO 10735 CANYON BAY LN BOYNTON BEACH FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10735 CANYON BAY LANE City BOYNTON 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 				DATE 11-11-05			
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				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10735 CANYON BAY LANE BOYNTON BEACH, FL 33437			
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			
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 100061482321 11/16/05--01041--006 **\$150.00			
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			
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 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: 				DATE 11-11-05 DAYTIME PHONE # 5616036449			