2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000104976

FLEURIMOND, EMILIEN

RUE DERENONCOURT #109

PETION-VILLE, HAITI, FL 33325

Name:

Address:

City-St-Zip:

Entity Name: CHOLICOLINE EXPORT AND IMPORT INC

FILED Oct 20, 2008 Secretary of State

Entity Na	me: CHOUCC	JUNE EXPORT AND IMPORT	, INC		
Current Principal Place of Business:			New Principal Place of Business:		
	35TH WAY ION, FL 33325	i			
Current Mailing Address:			New Mailing Address:		
	35TH WAY ION, FL 33325	;			
FEI Number	: 57-1209183	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
751 NW 1	ONT, SERGE 35TH WAY ION, FL 33325	5 US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: SERGE F	FLEURIMONT			
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () FLEURIMONT, 751 NW 135TH PLANTATION, F	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () BENJAMIN, CA 751 NW 135TH PLANTATION, F	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () FLEURIMOND, 751 NW 135TH PLANTATION, F	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DV ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SERGE FLEURIMONT P 10/20/2008