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~2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000122994 07 APR 16 PM 2: 28 GONZALEZ CONSULTING SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6917 PALMAR COURT 6917 PALMAR COURT BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 9469 SPANISH MOSS RD. W 3. Mailing Address 9469 SPANISH Suite, Apt. #, etc. Śuite, Apt. #, etc. City & State City & State OCA RA 55-0880157 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 6917 PALMAR COURT BOCA RATON, FL 33433 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ST-Ghange Addition TITLE ☐ Nelete GONZALEZ, ALEJANDRO NAME NAME 9469 SPANISH MOSS ROAD W. STREET ADDRESS STREET ADDRESS 6917 PALMAR COURT BOGA-RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200098045662 OA/24/07--01004--007 **300.00 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-S1-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ITTLE ☐ Change ■ Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 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 SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jaytime Phone ≢

Gonzalez Consulting Services, Inc. 9469 Spanish Moss Road W. Boca Raton, FL 33433

March 28, 2007

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Florida Department of State P.O. Box 1500 Tallahassee, FL 32302-1500

RE: P04000122994

Dear Sir or Madam:

Enclosed is the 2007 For Profit Corporation Reinstatement form along with my check for \$300.00.

Please be advised that I did file the 2006 Annual Report last year. However, it has just recently come to my attention that my check for \$150.00 never cleared the bank and my corporation was deemed inactive.

Please accept this form and this check for \$300.00 as payment for my 2006 and 2007 annual filing fee, and please waive any penalties associated with this reinstatement.

Thank you for your attention in this matter.

Sincerely,

Alejandro Gonzalez,

President