2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000125196

City-St-Zip:

Entity Name: INTEREIN GROUP TWO INC

FILED Oct 28, 2008 Secretary of State

Littly Nai	ne. INTERTINGROOF TWO, INC.		
Current P	rincipal Place of Business:	New Principal Place of Business:	
	STASIA AVENUE ABLES, FL 33134		
Current M	ailing Address:	New Mailing Address:	
	STASIA AVENUE ABLES, FL 33134		
FEI Number:	FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of Current Registered Age	nt: Name and Address of New Registered Agent:	
	R, JIM R STASIA AVENUE ABLES, FL 33134 US		
	named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,	
SIGNATUR	RE: JIM PELLETIER		
	Electronic Signature of Registere	ed Agent Date	
	ce with s. 607.193(2)(b), F.S., the corporation npaign Financing Trust Fund Contribution()		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () Delete PRESCOTT, EUGENE 1200 ANASTASIA AVENUE CORAL GABLES, FL 33134	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete PELLETIER, JAMES 1200 ANASTASIA AVENUE CORAL GABLES, FL 33134	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	() Delete	Title: T () Change (X) Addition Name: BUTLER, ROBERT Address: 1200 ANASTASIA AVENUE City-St-Zip: CORAL GABLES, FL 33134	
Title: Name: Address:	() Delete	Title: D () Change (X) Addition Name: KAY, ROBERT Address: 1200 ANASTASIA AVENUE	

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.

Address: City-St-Zip:

CORAL GABLES, FL 33134

SIGNATURE: JIM PELLETIER S 10/28/2008