

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000129012 1. Entity Name ATTILA TREND INTERNATIONAL CORPORATION				SECRETARY OF STATE DIVISION OF CORPORATE REGISTRATION 06 OCT 23 AM 8:41	
Principal Place of Business 18205 BORUCH DR FT MYERS, FL 33912		Mailing Address 18205 BORUCH DR FORT MYERS, FL 33912-6192		REINSTATEMENT <u>06</u> 	
2. Principal Place of Business 18205 Baruch Dr. Suite, Apt. #, etc.		3. Mailing Address 18205 Baruch Dr. Suite, Apt. #, etc.		10192006 REIN-P CR2E098 (11/05)	
City & State Ft. Myers, FL		City & State Fort Myers, FL		4. FEI Number 56-2498870	
Zip 33967		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKO, BELA 18205 BARUCH DR FORT MYERS, FL 33912-6492			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33967		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	CEO BARKO, BELA 18205 BARUCH DR FORT MYERS, FL 339126192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081126642 10/23/06--01068--019 **150.00 33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEHEZ, IMRE KORORO UT 16 PAPA, HUNGARY, 8500		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKO, ATTILA 18205 BARUCH DR FORT MYERS, FL 339126192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	33967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOA BARKO, BELA 18205 BARUCH DR FT. MYERS, FL 339126192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	33967	
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 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, with all other like empowered.

SIGNATURE: Attila Barko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-06
Date

239-337-1993
Daytime Phone #