

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142744

Entity Name: FLATPHONE, INC

FILED
Sep 20, 2005
Secretary of State

Current Principal Place of Business:

450 NW 135TH TERRACE
APT. 102
PEMBROKE PINES, FL

New Principal Place of Business:

6100 HOLLYWOOD BLVD
SUITE 209
HOLLYWOOD, FL 33024

Current Mailing Address:

450 NW 135TH TERRACE
APT. 102
PEMBROKE PINES, FL

New Mailing Address:

320 SOUTH FLAMINGO ROAD
SUITE 328
PEMBROKE PINES, FL 33027

FEI Number: 20-1874451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESIR, PAUL U
450 NW 135TH TERRACE
APT. 102
PEMBROKE PINES, FL US

Name and Address of New Registered Agent:

DESIR, PAUL U
450 NW 135TH TERRACE
APT. 102
PEMBROKE PINES, FL US

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.

SIGNATURE: PAUL U. DESIR

09/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DESIR, PAUL U
Address: 450 NW 135TH TERRACE APT 102
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: TITUS, DANIELLA
Address: 746 NE 146TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D (X) Delete
Name: CLERVRAIN, MANETIRONY
Address: 12864 BISCAYNE BLVD. #213
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: DESIR, PAUL U
Address: 450 NW 135TH TERRACE APT 102
City-St-Zip: PEMBROKE PINES, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: PAUL U. DESIR

PS

09/20/2005

Electronic Signature of Signing Officer or Director

Date