2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000160925

Entity Name: MULTI PC CONCEPT INC

FILED Oct 14, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

10400 NW 33 ST., STE. 270 DORAL, FL 33172 10400 NW 33 ST., SUITE 270 DORAL, FL 33172

Current Mailing Address: New Mailing Address:

10400 NW 33 ST., STE. 270 10400 NW 33 ST. SUITE 270 SUITE 270 DORAL, FL 33172

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDOVAL, VILMA

10400 NW 33 ST., STE. 270

DORAL, FL 33172 US

BASTIDAS, RAMON

10400 NW 33 ST.,
SUITE. 270

DORAL, FL 33172 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: RAMON BASTIDAS 10/14/2005

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: () Change () Addition Name: BASTIDAS, RAMON Name:

Address: 10400 NW 33 ST., STE. 270 Address: City-St-Zip: City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 SANDOVAL, VILMA
 Name:

 Address:
 10400 NW 33 ST., STE. 270
 Address:

 City-St-Zip:
 DORAL, FL 33172
 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: RAMON BASTIDAS PTD 10/14/2005