2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000161275

1. Entity Name
CHOUCHOU TOYS,CORP

Principal Place of Business	Mailing Address
11100 E COLONIAL,DR SUITE 78A ORLANDO, FL 32817	1953 GARWOOD DR ORLANDO, FL 32822

2. Principal Place of Business	3. Mailing Address
11100 E colonial DR	1953 Garwood dr
Suite, Apt. #, etc: 78A	Suite, Apt. #, etc
City & State: oRlando FL	City & State: oRlando FL
Zip: 32817 Country: USA	Zip: 32822 Country: USA

10062005 REIN-P CR2E098 (6/04)

4. FEI Number: Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOUALI, NIZAR 1953 GARWOOD DR ORLANDO, FL 32822	Name: Boual Nizar Street Address (P.O. Box Number is Not Acceptable): 1953 Garwood dr City: oRlando FL Zip Code: 32822

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: _____ 10/06/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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	P BOUALI, NIZAR O 1953 GARWOOD DR ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700060456147 10/10/05--01067--029 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JEMNI, MONGI M 1953 GARWOOD DR ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
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
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 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 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: _____ 10/06/05 (407)273-2874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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