## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000166546

Entity Name: BARCLAY WELLINGTON, INC.

FILED Feb 15, 2007 Secretary of State

_many man	mer bracera	r vvelenvo rorv, nvo.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12248 S.W MIAMI, FL	/. 131ST AVEN 33186	NUE,			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
12248 S.W. 131ST AVENUE, MIAMI, FL 33186			8461 SW 68TH STRE MIAMI, FL 33143	8461 SW 68TH STREET ROAD MIAMI, FL 33143	
FEI Number	: 65-1239717	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	JEZ, MARIA A 68TH STREE 33143 US	T ROAD,			
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		DOMINGUEZ			
	Electror	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not great the state of	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DOMINGUEZ, I	H STREET ROAD,	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) DOMINGUEZ, I 10400 S.W. 67 PINECREST, F	TH AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DOMINGUEZ, N	H STREET ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TR. ( )	) Delete <i>M</i> ARIA M	Title: Name:	( ) Change ( ) Addition	

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

SIGNATURE: LUIS J. DOMINGUEZ PRES 02/15/2007

150 E. 25TH ROAD, APT. # 9-D,

MIAMI, FL 33129

Address:

City-St-Zip: