

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 DEC 14 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

192

<b>DOCUMENT # P05000009719</b> 1. Entity Name: A GIFT OF CLASS, INC	
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Principal Place of Business 5534 SW 164 CT MIAMI, FL 33185	Mailing Address 5534 SW 164 CT MIAMI, FL 33185
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11072006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent  ROJAS, ROBERTO 5534 SW 164 CT MIAMI, FL 33185	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number <b>202194884</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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: Roberto Rojas *[Signature]* 11-1-06  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P ROJAS, ROBERTO <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5534 SW 164 CT MIAMI, FL 33185	STREET ADDRESS CITY-ST-ZIP	<b>900081659629</b> <b>11/09/06--01036--000 **150.00</b>
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT 06

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: Roberto Rojas *[Signature]* 11-01-06 305-223-0247  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

November, 15, 2006



Florida Department of State

Re: A Gift of Class Inc.  
Ref. # P05000009719


To whom it may concern:

By means of this letter I am asking that you consider removing the penalty for I did not renew my corporation on time since I did not receive and correspondence as a reminder to do so.

I assure you this will not occur a second time.

Your time and consideration are greatly appreciated.

Sincerely,



Roberto I. Rojas