2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000013530

Entity Name: KING PIN ENTERPRISES, INC.

FILED Nov 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7891 WEST FLAGLER STREET SUITE 460 6800 SW 40 STREET #352

MIAMI, FL 33144 MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

7891 WEST FLAGLER STREET SUITE 460 6800 SW 40 STREET #352

MIAMI, FL 33144 MIAMI, FL 33155

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:

ROSA, PAUL E ROSA, PAUL E

6420 SW 129 PLACE #204 6800 SW 40 STREET #352 MIAMI, FL 33183 US MIAMI, FL 33155 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 E. ROSA 11/28/2006

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: D () Delete

Name: ROSA, PAUL E

Address: 6420 SW 129 PLACE #204

City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: GUILFOYLE, JOSHUA J

Address: 630 SE 28 LANE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

Name: ROSA, PAUL E

Address: 6800 SW 40 STREET #352

City-St-Zip: MIAMI, FL 33155

Title: D (X) Change () Addition

Name: GUILFOYLE, JOSHUA J Address: 6800 SW 40 STREET #352

City-St-Zip: MIAMI, FL 33155

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.

SIGNATURE: PAUL E. ROSA D 11/28/2006