

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000025839</b> 1. Entity Name <b>BARAKEL ASSOCIATES, INC.</b>																																			
Principal Place of Business <b>1730 BISCAYNE BOULEVARD, SUITE 201</b> <b>MIAMI, FL 33132</b>		Mailing Address <b>1730 BISCAYNE BOULEVARD, SUITE 201</b> <b>MIAMI, FL 33132</b>																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 5843</b> Suite, Apt. #, etc.																																	
City & State <b>Hollywood, Fla</b>		City & State <b>Hollywood, Fla</b>																																	
Zip <b>33083</b>	Country <b>U.S.A</b>	4. FEI Number <b>16-1771003</b>																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent  <b>ODEDIRAN, OLUREMI</b> <b>1730 BISCAYNE BOULEVARD, SUITE 210</b> <b>MIAMI, FL 33132</b>		7. Name and Address of New Registered Agent Name <b>ODEDIRAN, Oluremi</b> Street Address (P.O. Box Number is Not Acceptable) <b>654 NE 205 Terr</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33179</b>																																	
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 <u><i>Oluremi Odediran</i></u> DATE <u>12-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">D</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> <td style="width:70%;">NAME</td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>ODEDIRAN, OLUREMI</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>1730 BISCAYNE BOULEVARD, SUITE 201</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33132</b></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	NAME	<b>ODEDIRAN, OLUREMI</b>			STREET ADDRESS	<b>1730 BISCAYNE BOULEVARD, SUITE 201</b>			CITY-ST-ZIP	<b>MIAMI, FL 33132</b>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:10%;"></td> <td style="width:70%;">NAME</td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>654 NE 205 Terr</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>Miami, Fla 33179</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	NAME	<b>654 NE 205 Terr</b>			STREET ADDRESS	<b>Miami, Fla 33179</b>			CITY-ST-ZIP			
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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: <u><i>Oluremi Odediran</i></u> DATE <u>12-08-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



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Zip Code 33179

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