

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000030013 1. Entity Name INDIGO EVENTS CORPORATION					
Principal Place of Business 20803 BISCAYNE BOULEVARD SUITE 302 AVENTURA, FL 33180			Mailing Address 20803 BISCAYNE BOULEVARD SUITE 302 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-2250958 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SILVERIO, BRIAN M ESQ. 150 WEST FLAGLER STREET PENTHOUSE 2850 MIAMI, FL 33130	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 10-13-06 Signature, typed or printed name of registered agent as applicable (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	PD MEZRAHI, GLADYS 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mezrahi, Gladys 20803 Biscayne Blvd., Suite 302 Aventura, Florida 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEZRAHI, DEBBIE 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mezrahi, Debbie 20803 Biscayne Boulevard Suite 302 Aventura, Florida 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:			10-13-06 Date Daytime Phone #		

10/23/06