2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000034428

1. Entity Name
CYNTHIA'S EXECUTIVE SERVICES INC.

FILED
06 DEC 28 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
1112 N.W. 62ND STREET MIAMI, FL 33147	1112 N.W. 62ND STREET MIAMI, FL 33147

2. Principal Place of Business	3. Mailing Address
600 NW 6th Street	600 NW 6th Street
Suite, Apt. #, etc. 602	Suite, Apt. #, etc. 902
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33136 Country: US	Zip: 33136 Country: US

4. FEI Number: 38-3717568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: No — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CYNTHIA
1112 N.W. 62ND STREET
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name: Cynthia Williams
Street Address (P.O. Box Number is Not Acceptable): 600 NW 6th Street
902
City: Miami FL Zip Code: 33136

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: Cynthia Williams — 12/20/06
Signature, typed or printed name of registered agent and title if 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: PD NAME: WILLIAMS, CYNTHIA STREET ADDRESS: P.O. BOX 510358 CITY-ST-ZIP: MIAMI, FL 33151	☒ Delete	☒ Change ☐ Addition TITLE: PD NAME: Williams, Cynthia STREET ADDRESS: 600 NW 6th Street CITY-ST-ZIP: Miami, Fl. 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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: Cynthia Williams — 12/20/06 — (305) 244-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel DEC 29 2006