


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000056691		
1. Entity Name REFRESH SOLUTIONS INC.		

Principal Place of Business 7713 S.W. 88TH STREET A-205 MIAMI, FL 33156	Mailing Address 7713 S.W. 88TH STREET A-205 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # 3900 SW 68 AVE	3. Mailing Address 3900 SW 18 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33155	Country USA
Zip 33155	Country

6. Name and Address of Current Registered Agent SIMBACO, DAVID 6816 SW 21ST ST MIAMI, FL 33155		7. Name and Address of New Registered Agent Name: Isabel Iglesias-Simbaco Street Address (P.O. Box Number is Not Acceptable) 3900 SW 68 AVE City: Miami, FL Zip Code: 33155	
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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: <i>Isabel Iglesias-Simbaco</i>	DATE: 1/25/07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMBACO, DAVID 7713 S.W. 88TH STREET A-205 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Simbaco 3900 SW 68 AVE Miami, FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMBACO, ISABEL 7713 S.W. 88TH STREET A-205 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Isabel Iglesias-Simbaco 3900 SW 68 AVE Miami, FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500086687125 01/30/07--01023--010 **250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500086687125 01/30/07--01023--011 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Eckel JAN 26 2007 <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Isabel Iglesias-Simbaco</i>	DATE: 1/25/07 DAYTIME PHONE: 786 333-0312
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

FILED
07 JAN 26 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-07

