# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060482

1. Entity Name
FX PROFESSIONAL INTERNATIONAL SOLUTIONS, INC.

FILED
07 MAR 20 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

01242007 REIN-P CR2E098 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 8504 VIA D'ORO<br>BOCA RATON, FL 33433 | 8504 VIA D'ORO<br>BOCA RATON, FL 33433 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2795 WHISPER LAKES CLUB CIR. | 2795 WHISPER LAKES CLUB CIR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORLANDO FL | City & State: ORLANDO FL |
| Zip: 32837 Country: USA | Zip: 32837 Country: USA |

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROSARIO, GUILLERMO
8504 VIA D'ORO
BOCA RATON, FL 33433

**7. Name and Address of New Registered Agent**

Name: GUILLERMO ROSARIO
Street Address (P.O. Box Number is Not Acceptable): 1825 PONCE DE LEON BLVD 435
City: CORAL GABLES FL Zip Code: 33134

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: [signature] 3/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $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 | DPS<br>ROSARIO, GUILLERMO<br>8504 VIA D'ORO<br>BOCA RATON, FL 33433 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>ROSARIO, GUILLERMO<br>1825 PONCE DE LEON BLVD 435<br>CORAL GABLES FL 33134 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVT<br>DE SOUSA, PEDRO<br>8504 VIA D'ORO<br>BOCA RATON, FL 33433 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVT<br>DE SOUSA, PEDRO<br>2795 WHISPER LAKES CLUB CIR.<br>ORLANDO FL 32837 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100095822531<br>04/04/07--01050--001 **300.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** [signature] 3/18/07 786 499 9947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #