

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


06 DEC 28 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



12262006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000060770		
1. Entity Name SKARLET ENTERPRISES, INC		

Principal Place of Business 21853 FORT CHRISTMAS RD CHRISTMAS, FL 32709	Mailing Address 21853 FORT CHRISTMAS RD CHRISTMAS, FL 32709
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2. Principal Place of Business 522 S. Hunt Club Blvd. Suite, Apt. #, etc. Suite # 214 City & State Opopka, FL. Zip 32703-4960 Country U.S.A.	3. Mailing Address 3330 Briar Way Suite, Apt. #, etc. City & State Opopka, FL. Zip 32703 Country U.S.A.
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6. Name and Address of Current Registered Agent SUAREZ, MARYBELLE 21853 FORT CHRISTMAS RD. CHRISTMAS, FL 32709		7. Name and Address of New Registered Agent Name MARYBELLE GHANEM Street Address (P.O. Box Number is Not Acceptable) 3330 Briar Way City Opopka, FL Zip Code 32703	
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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: M. Ghannem DATE: 12/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, MARYBELLE 21853 FORT CHRISTMAS RD. CHRISTMAS, FL 32709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARYBELLE GHANEM Semi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHANEM, JOSEPH 21853 FORT CHRISTMAS RD. CHRISTMAS, FL 32709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082818572 12/28/06--01026--019 **150.00 <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	<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
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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

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: M. Ghannem DATE: 12/26/06 407.754-1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #