FILED

07 JUL 13 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000068660

1. Entity Name
MICHELLE BUSWELL INC.

Principal Place of Business	Mailing Address
C/O LAW OFFICES OF HERVE LINDER, PC 318 E 53RD ST STE 1 NEW YORK, NY 10022	C/O LAW OFFICES OF HERVE LINDER, PC 318 E 53RD ST STE 1 NEW YORK, NY 10022

07092007 [REINP] CR2E096 (1/07) 06-07

2. Principal Place of Business - No P O Box #	3. Mailing Address
c/o Wuersch & Gering LLP	c/o Wuersch & Gering LLP
Suite, Apt #, etc 100 Wall St. 21st Fl	Suite, Apt #, etc 100 Wall St. 21st FL
City & State New York, NY	City & State New York, NY
Zip / Country 10005 / USA	Zip / Country 10005 / 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	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Name: United Corporate Services, Inc. Street Address (P O Box Number is Not Acceptable): 9200 South Dadeland Blvd. Ste. 508 City: Miami **FL** Zip Code: 33156

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: _____ Michael A. Barr, Pres. 7/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BUSWELL, MICHELLE 318 E 53RD ST STE 1 NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Buswell, Michelle 100 Wall St. 21st FL New York, NY 10005	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LINDER, HERVE 318 E 53RD ST STE 1 NEW YORK, NY 10022	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Herve Linder 100 Wall St. 21st Fl New York, NY 10005	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900106646988 07/24/07--01054--023 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900106646988 07/24/07--01054--024 **8.75	☐ Change ☐ Addition
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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: _____ HERVE LINDER, SECRETARY 07/10/07 2125095050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #