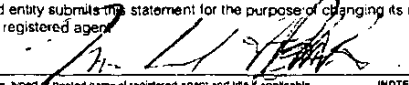
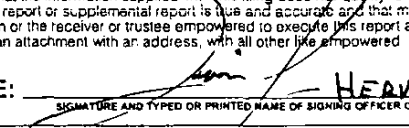


FILED

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 C/O LAW OFFICES OF HERVE LINDER, PC 318 E 53RD ST STE 1 NEW YORK, NY 10022		Mailing Address C/O LAW OFFICES OF HERVE LINDER, PC 318 E 53RD ST STE 1 NEW YORK, NY 10022	
2. Principal Place of Business - No P.O. Box # c/o Wuersch & Gering LLP		3. Mailing Address 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 10005	Country USA	Zip 10005	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 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 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 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDER, HERVE 318 E 53RD ST STE 1 NEW YORK, NY 10022 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Herve Linder 100 Wall St. 21st Fl New York, NY 10005 ☒ 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
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 - 07/10/07 212.509.5050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #	