

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000080277</b>	
1. Entity Name <b>FADE SHOP, INC.</b>	



FILED

07 MAY -1 PM 2:55

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>18978 NW 57 AVE 202 MIAMI, FL 33015</b>	Mailing Address <b>18978 NW 57 AVE 202 MIAMI, FL 33015</b>
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2. Principal Place of Business - No P.O. Box # <b>15362 NW 79TH COURT</b>	3. Mailing Address <b>15362 NW 79TH COURT</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>MIAMI LAKES, FL</b>	City & State <b>MIAMI LAKES, FL</b>
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Zip <b>33016</b>	Country <b>MIAMI - DADE</b>	Zip <b>33016</b>	Country <b>MIAMI - DADE</b>
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**REINSTATEMENT** 04/26/07 12:09 PM 06-07

4. FEI Number <b>20-2958458</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HERNANDEZ, JOSE</b> <b>18978 NW 57 AVE</b> <b>202</b> <b>MIAMI, FL 33015</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>15362 NW 79TH COURT</b> City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33016</b>	

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>Jose Hernandez</i>	JOSE HERNANDEZ	DATE <b>4/26/07</b>
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<b>FILE NOW!!! FEE IS \$300.00</b>	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 <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERNANDEZ, JOSE</b>		NAME <b>15362 NW 79TH COURT</b>	
STREET ADDRESS <b>18978 NW 57 AVE # 202</b>		STREET ADDRESS <b>MIAMI LAKES, FL. 33016</b>	
CITY-ST-ZIP <b>MIAMI, FL 33015</b>		CITY-ST-ZIP <b>MIAMI LAKES, FL. 33016</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEDOYA, LUCAS</b>		NAME <b>15362 NW 79TH COURT</b>	
STREET ADDRESS <b>18978 NW 57 AVE # 202</b>		STREET ADDRESS <b>MIAMI LAKES, FL. 33016</b>	
CITY-ST-ZIP <b>MIAMI, FL 33015</b>		CITY-ST-ZIP <b>MIAMI LAKES, FL. 33016</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b>300102235919</b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b>05/25/07--01006--019 **300.00</b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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>[Signature]</i>	4/26/07	305-479-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #