2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 11, 2008
Secretary of State

DOCUMENT# P05000096890

Entity Name: DORAL BRANDS INC.

Current Principal Place of Business:

282 4TH ST.
MIAMI BEACH, FL 33139

New Principal Place of Business:

7965 NW 21 STREET
DORAL, FL 33122

Current Mailing Address:

18090 COLLINS AVE
T17/213
SUNNY ISLES, FL 33160

New Mailing Address:

7965 NW 21 STREET
DORAL, FL 33122

FEI Number: 90-0045461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOONEY, JAMES F MR
18090 COLLINS AVE
T17/213
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

MENDOZA, PAUL MR
7965 NW 21 STREET
DORAL, FL 33122 US

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.

SIGNATURE: MENDOZA PAUL 12/11/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: NOONEY, JAMES
Address: 18090 COLLINS AVE T17/213
City-St-Zip: SUNNY ISLES, FL 33160

Title: VPSD ( ) Delete
Name: MENDOZA, PAUL
Address: 18090 COLLINS AVE T17/213
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PF (X) Change ( ) Addition
Name: MENDOZA, PAUL
Address: 7965 NW 21 STREET
City-St-Zip: DORAL, FL 33122

Title: VPSD (X) Change ( ) Addition
Name: MENDOZA, MARCELA
Address: 7965 NW 21 STREET
City-St-Zip: DORAL, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MENDOZA PDT 12/11/2008
Electronic Signature of Signing Officer or Director Date