2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000099691

Entity Name: SUREVOLUTION, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

796 WOODCREST RD. 197 GRAND ST. SUITE 6S KEY BISCAYNE, FL 33149 NEW YORK, NY 10013

Current Mailing Address: New Mailing Address:

796 WOODCREST RD. 197 GRAND ST. SUITE 6S KEY BISCAYNE, FL 33149 NEW YORK, NY 10013

FEI Number: 20-3174926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ECHAVARRIA, MARCELA
796 WOODCREST RD.
KEY BISCAYNE, FL 33149 US
ROTHSTEIN, DINA
14621 TARPON DR.
CORAL GABLES, FL 33158 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: DINA ROTHSTEIN 01/16/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ECHAVARRIA, MARCELA ECHAVARRIA, MARCELA Name: Name: 796 WOODCREST RD. 203 GRAND ST. #23 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: NEW YORK, NY 10013

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 ROTHSTEIN, DINA
 Name:
 ROTHSTEIN, DINA

 Address:
 796 WOODCREST RD.
 Address:
 354 BROADWAY, #7

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 NEW YORK, NY 10013

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: MARCELA ECHAVARRIA DCT 01/16/2008