


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000128912	
1. Entity Name IAN SOTO, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 25 AM 10:51

REINSTATEMENT 06-07

Principal Place of Business 877 PARK MANOR DRIVE ORLANDO, FL 32825	Mailing Address 877 PARK MANOR DRIVE ORLANDO, FL 32825
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2. Principal Place of Business - No P.O. Box # 12154 Graduate Drive	3. Mailing Address 12154 Graduate Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06222007 REIN-P CR2E098 (1/07)

City & State Orlando FL	City & State Orlando, FL
Zip 32826	Zip 32826
Country U.S.A.	Country U.S.A.

4. FEI Number 20-3512510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOTO, IAN 877 PARK MANOR DRIVE ORLANDO, FL 32825	
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7. Name and Address of New Registered Agent	
Name Soto, Ian	
Street Address (P.O. Box Number is Not Acceptable) 12154 Graduate Drive	
City Orlando	FL Zip Code 32826

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 	DATE 6/21/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

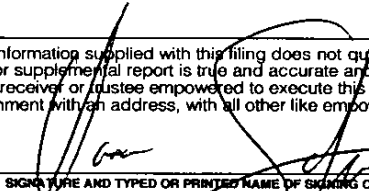
FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, IAN 877 PARK MANOR DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200104921472 06/25/07--01038--002 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	Date 6/21/07	Daytime Phone # 321-591-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		