

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000129911

Entity Name: FADE MASTERS II, INC.

FILED
Oct 09, 2008
Secretary of State

Current Principal Place of Business:

11612 N NEBRASKA AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1820 W BEARSS AVE
TAMPA, FL 33613 US

New Mailing Address:

9750 MAGNOLIA BLOSSON DR
TAMPA, FL 33626 US

FEI Number: 20-3506017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZULETA, MYRIAM
1820 W BEARSS AVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

ANGULO, ANDRES F
9750 MAGNOLIA BLOSSON DR
TAMPA, FL 33626 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: ANDRES F ANGULO

10/09/2008

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: P () Delete
Name: ZULETA, MYRIAM
Address: 1820 W BEARSS AVE
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANGULO, ANDRES F
Address: 9750 MAGNOLIA BLOSSON DR
City-St-Zip: TAMPA, FL 33626 US

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: ANDRES F ANGULO

P

10/09/2008

Electronic Signature of Signing Officer or Director

Date