

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 24, 2007  
Secretary of State**

DOCUMENT# P05000158415

Entity Name: DHARMA TATTOO, INC.

**Current Principal Place of Business:**

40 CURTISS PKWY  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

40 CURTISS PKWY  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

FEI Number: 20-4197496      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROCHE, HERLYS  
630 SE 3RD PLACE  
HIALEAH, FL 33010      US

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

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: HERLYS ROCHE

\_\_\_\_\_  
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: ROCHE, HERLYS  
Address: 630 SE 3RD PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: VP ( ) Delete  
Name: ROCHE, HERLYS  
Address: 630 SE 3RD PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: TREA ( ) Delete  
Name: ROCHE, HERLYS  
Address: 630 SE 3RD PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: SECR ( ) Delete  
Name: ROCHE, HERLYS  
Address: 630 SE 3RD PLACE  
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HERLYS ROCHE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

10/24/2007

\_\_\_\_\_  
Date