


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000164997 1. Entity Name KIM ALLISON BARDSLEY, INC.	
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FILED
 08 JUN -9 AM 6:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4475 SW 160TH AVENUE 202 MIRAMAR, FL 33027	Mailing Address 4475 SW 160TH AVENUE 202 MIRAMAR, FL 33027
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2. Principal Place of Business - No P.O. Box # 19741 SW 100 AVE. Suite, Apt. #, etc.	3. Mailing Address 19741 SW 100 AVE. Suite, Apt. #, etc.
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City & State Cutler Bay, FL Zip 33157	Country Miami-Dade	City & State Cutler Bay, FL Zip 33157	Country Miami Dade
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REINSTATEMENT
 05302008 REIN-P CR2E098 (1/07) **07-08**

4. FEI Number 20-3998923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARDSLEY, KIM 4475 SW 160TH AVENUE 202 MIRAMAR, FL 33027	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19741 SW 100 AVE. City Cutler Bay
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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: *Kim Bardsley* DATE: 6-5-08

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		<input type="checkbox"/> Delete
TITLE	P/D	
NAME	BARDSLEY, KIM	<input type="checkbox"/>
STREET ADDRESS	4475 SW 160TH AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	19741 SW 100 AVE.		
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	Cutler Bay, FL 33157		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: *Kim Bardsley* DATE: 6-5-08 305-282-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #