

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000028272 1. Entity Name REYMAR CONSULTANTS, INC.						FILED 07 OCT -5 PM 4: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6225 KENDALE LAKES CIRCLE SUITE D158 MIAMI, FL 33183 US				Mailing Address 6225 KENDALE LAKES CIRCLE SUITE D158 MIAMI, FL 33183 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent DOMINGUEZ, RUTH M 6225 KENDALE LAKES CIRCLE SUITE D158 MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: <i>Marcela Dominguez</i> DATE: <i>9/24/07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME DOMINGUEZ, RUTH M STREET ADDRESS 6225 KENDALE LAKES CIRCLE, APT D158 CITY-ST-ZIP MIAMI, FL 33183				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300110322133 STREET ADDRESS 10/05/07--01014--012 **150.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VP DOMINGUEZ, REYNALDO D. STREET ADDRESS 6225 KENDALE LAKES CIRCLE APT D158 CITY-ST-ZIP MIAMI, FL 33183			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>REYNALDO D. DOMINGUEZ</i> 9/24/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							