2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000028272 1. Entity Name REYMAR CONSULTANTS, INC.							1 4: 46					
Principal Plac			Mailing Address	1	($\sqrt{2}$	SECRETALLAHA	ARY OF Core F	STATE LORIDA			
6225 KENDALE LAKES CIRCLE Suite D158			6225 KENDALE LAKES SUITE D158		`	M	TALLADE	(33)	1.01071			
MIAMI, FL 3:	3183 US	3	MIAMI, FL 33183				 					
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing Address				711(Co-25, 17 25					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09242 0 07	网络川科	G CR2E	098 (1607)	2007		
City & State			City & State			4. FEI Numb		7/3	<u> </u>	plied For Applicable		
Zip	Zip Country		Zip Coun		ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
DOMINGUEZ, RUTH M 6225 KENDALE LAKES CIRCLE					Street Address (P.O. Box Number is Not Acceptable)							
SUITE D15	58											
	33.33				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 Mariela Danise. a/24/07												
Signature, typed or printed name of registered agent and title if arphicable (NOTE: Registered Agent signature required when reinstating) DATE												
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.	P	OFFICERS AND		11. TITL			ADDITIONS	CHANGES TO OF	FICERS AND			
NAME	DOMING	UEZ, RUTH M	☐ Defete	NAM	E		7:	00110	222	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MIAMI, FI	NDALE LAKES CIRCLE, L. 33183	APT D158	EET ADDRESS '-ST-ZIP		366110322133 10/05/0701014012 **150.ç0						
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CITY-ST-ZIP				_	'-ST-ZIP							
NAME	<u> </u>		Delete	nan	1E					☐ Change	Addition	
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TITLE			☐ Delete	TITL				A Company of the State of the S		☐ Change	Addition	
NAME STREET ADDRESS				NAM Str	ae Eet address							
CITY-S1-ZIP	Sartifu that the	no information available with	this filing does not qualify.		-\$1-ZIP	nataiss =	in Chapter 110	3. Florida Statut	1 further and	tifu that the !-	formation	
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: DE RECOVALIDO D. DOMENGUEZ 9/21/07 SIGNATURE: Date Displime Phone *												