


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000077606	
1. Entity Name FAME 2, INC.	

Principal Place of Business 910 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33403	Mailing Address 910 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33403
--	--

2. Principal Place of Business - No P.O. Box # 1825 Monetary Dr.	3. Mailing Address 1825 MONETARY DR.
Suite, Apt. #, etc. # H-2	Suite, Apt. #, etc. # H-2
City & State Riviera, Bch. FL.	City & State Riviera, Bch. FL
Zip 33404	Country USA

10032007 REIN-P CR2E098 (1/07)

4. FEI Number 51-0586287	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 CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283	7. Name and Address of New Registered Agent Name: Amber Prosnick Street Address (P.O. Box Number is Not Acceptable): 4434 BIRDWOOD ST. City: Palm Bch Gardens FL Zip Code: 33410
--	---

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: Amber Prosnick, Amber Prosnick, President DATE: 10/5/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D PROSNICK, AMBER 4434 BIRDWOOD STREET PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110606256 10/10/07--01054--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATIELLO, STEFANIE 1407 WHITE PINE DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Amber Prosnick, Amber Prosnick DATE: 10/5/07 561-795-9992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED

2007 OCT 10 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

