


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000088561	
1. Entity Name FAME DESIGN II, INC.	

FILED

2007 OCT 16 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 62354 S.W. 135 STREET PINECREST, FL 33156	Mailing Address 62354 S.W. 135 STREET PINECREST, FL 33156
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2. Principal Place of Business - No P.O. Box # 6235 SW 135 St.	3. Mailing Address 6235 SW 135 St.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Pinecrest, FL.	City & State Pinecrest, FL.
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Zip 33156	Country USA	Zip 33156	Country USA
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10082007 REIN-P CR2E098 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ORSHAN, PAUL L 200 S. BISCAYNE BLVD STE 3400 MIAMI, FL 33156	
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7. Name and Address of New Registered Agent Name Fern Orshan Street Address (P.O. Box Number is Not Acceptable) 6235 SW 135 St. City Pinecrest, FL. FL Zip Code 33156	
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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 Fern Orshan DATE 10/8/07  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORSHAN, FERN F 62354 S.W. 135 STREET PINECREST, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300110865289 10/16/07--01059--007 \$750.75
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
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: Fern Orshan DATE 10/8/07 305 278-2301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/07