## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000130034

City-St-Zip:

COCONUT GROVE, FL 33133

FILED Apr 30, 2008 Secretary of State

Entity Nai	me: MAISON	D'ETRE, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	RADO BLVD T GROVE, FL	33133			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	RADO BLVD T GROVE, FL	33133	1301 SHOTGUN ROAL WESTON, FL 33326		
FEI Number	: 45-0543557	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
8925 COLI	RRAY B JR LINS AVENUE E, FL 33154	, UNIT 7-H US			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MURRAY	WEIL JR			
	Electror	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not growing Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARONOW, LILI 3820 EL PRAD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ARONOW, GAV 3820 EL PRAD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	DVP ( ARONOW, WY 3820 EL PRAD		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LILLIAN ARONOW **DPST** 04/30/2008