

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000136356

Entity Name: G TEXTURING, INC.

FILED
Sep 21, 2007
Secretary of State

Current Principal Place of Business:

10835 STACEY LAND
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

10835 STACEY LAND
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 20-5785986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNY, GARY
10835 STACEY LAND
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: GARY MAGNY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGNY, GARY
Address: 10835 STACEY LAND
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP () Delete
Name: JEAN PIERRE, VALERIE
Address: 10835 STACEY LAND
City-St-Zip: BOCA RATON, FL 33428 US

Title: SEC () Delete
Name: TELIN, ROSE MARIE
Address: 10835 STACEY LAND
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ULYSSE, FRITZ
Address: 10835 STACEY LAND
City-St-Zip: BOCA RATON, FL 33428 US

Title: SEC (X) Change () Addition
Name: CHER, FLEURETTE
Address: 10835 STACEY LAND
City-St-Zip: BOCA RATON, FL 33428 US

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.

SIGNATURE: GARY MAGNY

Electronic Signature of Signing Officer or Director

PRES

09/21/2007

Date