

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000139635

Entity Name: KINEDREAMS INC

FILED  
Feb 25, 2008  
Secretary of State

## Current Principal Place of Business:

10730 NW 66 ST  
APT 101  
DORAL, FL 33178

## New Principal Place of Business:

9911 NW 29 STREET  
DORAL, FL 33172

## Current Mailing Address:

10730 NW 66 ST  
APT 101  
DORAL, FL 33178

## New Mailing Address:

9911 NW 29 STREET  
DORAL, FL 33172

FEI Number: 26-1894935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANZO, LUIS  
10730 NW 66 ST  
APT 101  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

MANZO, LUIS  
9911 NW 29 STREET  
DORAL, FL 33172 US

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: LUIS

02/25/2008

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: MANZO, LUIS  
Address: 10730 NW 66 ST APT 101  
City-St-Zip: DORAL, FL 33178

Title: VP ( ) Delete  
Name: ARISTIZABAL, MARTHA  
Address: 10730 NW 66 ST APT 101  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MANZO, LUIS  
Address: 9911 NW 29 STREET  
City-St-Zip: DORAL, FL 33172

Title: VP (X) Change ( ) Addition  
Name: ARISTIZABAL, MARTHA  
Address: 9911 NW 29 STREET  
City-St-Zip: DORAL, FL 33172

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: LUIS MANZO

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date