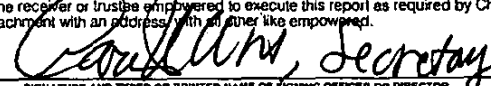


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                 |                                                                                              |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # P07000091521                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                                                                 |                                                                                              |  |                                                                   |
| 1. Entity Name<br>FOOTBA11 PROFILE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                                                                 |                                                                                              |                                                                                   |                                                                   |
| Principal Place of Business<br>20553 BISCAYNE BLVD., #298<br>AVENTURA, FL 33180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                 | Mailing Address<br>20553 BISCAYNE BLVD., #298<br>AVENTURA, FL 33180                          |                                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | 3. Mailing Address                                                                              |                                                                                              |                                                                                   |                                                                   |
| Suite, Apt. #, etc.<br>244 Fifth Avenue, Room 2483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | Suite, Apt. #, etc.<br>46 Aaron Wise, Gallet Dreyer & Berkey, LLP<br>845 Third Avenue 8th Floor |                                                                                              |                                                                                   |                                                                   |
| City & State<br>New York, NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | City & State<br>New York, NY                                                                    |                                                                                              |                                                                                   |                                                                   |
| Zip<br>10001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | Country<br>USA                                                                                  |                                                                                              | 10292008 REIN-P CR2E098 (1/07)                                                    |                                                                   |
| 4. FEI Number<br>26-0742942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | Applied For<br>Not Applicable                                                                   |                                                                                              |                                                                                   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | \$8.75 Additional Fee Required                                                                  |                                                                                              |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                 | 7. Name and Address of New Registered Agent                                                  |                                                                                   |                                                                   |
| UNITED CORPORATE SERVICES, INC.<br>9200 SOUTH DADELAND BLVD., SUITE 508<br>MIAMI, FL 33158                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code            |                                                                                   |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                                 | 11/26/08                                                                                     |                                                                                   |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2009, 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | President & Director<br>Charlemagne Akilozan<br>16 Ramsdell Street<br>New Haven, CT 06515              | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           | 300139040053<br>12/16/08--01003--005 **\$150.00                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Vice President, & Director<br>Claude Avelka<br>3370 Hedden Bay Drive<br>Aventura, FL 33180             | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Vice President, Treasurer & Director<br>Raymond Bouraima<br>P.O. Box 3869<br>Woodbridge, CT 06525      | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Secretary<br>Aaron N. Wise<br>46 Gallet Dreyer & Berkey, LLP, 845 Third Ave<br>New York, NY 10022-6601 | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 an officer like empowered. |                                                                                                        |                                                                                                 |                                                                                              |                                                                                   |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                 | November 26, 2008 212-935-3131                                                               |                                                                                   |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Aaron N. Wise, Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                                 | Date Daytime Phone #                                                                         |                                                                                   |                                                                   |

RECEIVED: DEC 1 2008