

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000121096 1. Entity Name GONDRAN INTERNATIONAL BUSINESS, CORP.			
Principal Place of Business 5587 DEVONBRIAR WAY APT 201 ORLANDO, FL 32822		Mailing Address 5587 DEVONBRIAR WAY APT 201 ORLANDO, FL 32822	
2. Principal Place of Business - No P.O. Box # 5587 DEVONBRIAR WAY Suite, Apt. #, etc. 5-201 City & State ORLANDO, FLORIDA Zip 32822 Country U.S.A.		3. Mailing Address 5587 DEVONBRIAR WAY Suite, Apt. #, etc. 5-201 City & State ORLANDO, FLORIDA Zip 32822 Country U.S.A.	
4. FEI Number 26-1373498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1112008 REIN-P CR2E098 (1/07)	
6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 1100 S FEDERAL HWY 2ND FLOOR DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name CAMILO GONDRAN Street Address (P.O. Box Number is Not Acceptable) 5587 DEVONBRIAR WAY 5-201 City ORLANDO 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 11.07.08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GONDRAN, CAMILO 5587 DEVONBRIAR WAY APT 201 ORLANDO, FL 32822	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	800137919778 11/14/08--01013--012 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		11.08.09 754.244.8926 <small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/14/08