2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# P08000020361

Entity Name: INFLATION SOLUTIONS, INC.

Current Principal Place of Business:

6240 N.E. 4TH COURT
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

6240 N.E. 4TH COURT
MIAMI, FL 33138

New Mailing Address:

100 SOUTH POINTE DRIVE #1004
MIAMI BEACH, FL 33139

FEI Number: 26-2624687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLI, VICTOR A
100 SOUTH POINTE DRIVE
#1004
MIAMI BEACH, FL 33139 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: VICTOR NAPOLI

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: PD ( ) Delete
Name: NAPOLI, VICTOR A
Address: 100 SOUTH POINTE DRIVE, #1004
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete
Name: HYATT, WILLIAM M
Address: 6240 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33138

Title: SD ( ) Delete
Name: DELGADO, RICARDO
Address: 6240 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: VICTOR NAPOLI PD 10/13/2009

Electronic Signature of Signing Officer or Director — Date