

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 14, 2009  
Secretary of State**

DOCUMENT# P08000082826

Entity Name: HOBBY RETAIL INC

**Current Principal Place of Business:**

1001 NORTH FEDERAL HWY  
244  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

5351 SW 40TH AVE  
DANIA BEACH, FL 33314 US

**Current Mailing Address:**

1001 NORTH FEDERAL HWY  
244  
HALLANDALE, FL 33009 US

**New Mailing Address:**

5351 SW 40TH AVE  
DANIA BEACH, FL 33314 US

FEI Number: 26-3321800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DERHY FINANCIAL SERVICES LLC  
99 NW 183RD ST  
138  
MIAMI, FL 33169 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: DERHY DVIR

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: FADIDA, OFIR  
Address: 3901 SOUTH OCEAN DRIVE # 1A  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FADIDA, OFIR  
Address: 5351 SW 40TH AVE  
City-St-Zip: DANIA BEACH, FL 33314 US

Title: P ( ) Change (X) Addition  
Name: ITAH, ERAN  
Address: 5351 SW 40TH AVE  
City-St-Zip: DANIA BEACH, FL 33314

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: FADIDA OFIR

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date