2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000055825				<u> </u>		[°]	
1. Entity Name CHOUCOUNE ENTERPRISES, INC.				FILED			
				05	SAPRII 6	PH 1: 33	
Principal Place of Business Mailing Address					OPETABLY	ስም <i>ር</i> ፍ ነጥል ተጠቀ።	
879 TRAFALGAR ST 15451 NW 33 PLACE DELTONA, FL 32725 MIAME, FL 33054				1	CRETARY OF STATE		
				1 (22222) #8 /	12170 MM 22W 28W ACT	r i Colticom Ii Garal Anno Anno Maio Anno Anno A	THERLS (88)
2. Principal Place of Business 15451 NW 33RNPL. 3. Mailing Address 15451 NW 33RNPL. 10 Box 540023							
Suite, Apt. #, etc.				03162005	REIN-P	CR2E098 (6/04)	
City & Stat	m, hc	OPA COCI	OPA COCKA, +C		4. FEI Number 59-3198508		oplied For ot Applicable
33054 Country USA 33054			Country USA		of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
BANCE, JEAN				s (P.O. Box Number	r in Not Acceptable		
879 TRAFALGAR ST DELTONA, FL 32725					i is not Acceptable	;) 	
City					F=10 = 300	7 UU.	DS
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 3116/05							
Signature, typed of political transets registered body and talle of policiable. Sometime, required when reinstailing) DATE							
FILE NOWII! FEE IS \$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/C	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	VP	☐ Delete	TITLE	71	00051	Change	Addition
NAME STREET ADDRESS	BANCE, JEAN A 879 TRAFALGAR ST		NAME STREET ADDRESS	04/19	3/05010a	134351 4002 **30	10.00
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	V 11 X	3, 00 010		
TITLE	Р	☐ Defete	TITLE			Change	Addition
NAME STREET ADDRESS	BANCE, JEAN B 879 TRAFALGAR ST		NAME				
CITY-ST-ZIP	DELTONA, FL 32725		STREET ADDRESS CITY-ST-ZIP				
TITLE	S	☐ Delete	TITLE	·		☐ Change	Addition
NAME	ROUZEAU, EMILE		NAME			_ •	_
STREET ADDRESS CITY-ST-ZIP	225-35 109TH AVE QUEENS VILLAGE, NY 11429		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	THILE			Change	Addition
NAME			NAME				
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME		<u> </u>	NAME			டுபண்றும்	C VOORION
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
NAME		☐ Delete	TITLE Name			☐ Change	☐ Addition
STREET ADDRESS			Street address				
CITY-ST-ZIP	portify that the information	Abia Citiana d	CITY-ST-ZIP	0 .:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: 3/16/05 305 681-8008							
SIGNAT	URE: SGNATURE AND EXPED OR P	SDIRECTOR		1002	クロン 081~8	UCAS _	
		17-19	4				