## · 2006 FOR PROFIT CORPORATION REINSTATEMENT

APR 2 4 2006 CAFY CORP.  APR 2 4 2006 Principal Place of Business S23 MICHIGAN AVE. MAMI BEACH, R. 33139 S24 MICHIGAN AVENUE S25 MICHIGAN AVENUE S25 MICHIGAN AVENUE S25 MICHIGAN AVENUE S26 MICHIGAN AVENUE S27 MICHIGAN AVENUE S27 MICHIGAN AVENUE S28 MICHIGAN AVENUE S29 Country S20 C	KEINSTATEMENT							·		
523 MICHEGAN AVENUE MAMM BEACH, FL 33139  Suite, Act #, etc.  City & State  City & Sta	1. Entity Name						F   F		. 1. 5	
Sullo, Apt. 8, citc.    Sullo, Apt. 8, citc.	523 MICHIGAN AVE.		523 MICHIGAN AVENUE			6 18 <b>6</b> (18 8 ) (1				
City & State    City & State   City & State   City & State   September   Septe	2. Principal Place of Business		3. Mailing Address							
Country   Zip   Country   St. Certificate of Status Desired   St. 75 Applicable   St	Suite, Apt. #, etc.					04242006	REIN-R. I	CR2E098 (11/05)	15-06	
S. Certificate of Status Desired   Fee Required Agent   Fee Required Age						65-0533119		No	t Applicable	
RETYD, CAROL 523 MICHIGAN AVE MIAMI BEACH, FL 33139  8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both in the State of Florida. I am familiar with and accept the obligatio	Zip				у	5. Certificate of Status Desired D		Fee Require		
Street Address (P.O. Box Number is Not Acceptable)    City					Name	7. Name and	Address of New Regi	stered Agent		
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  Signature, typed or pirited near of registered agent.  Signature in part of pirited near of registered agent.  NOTE: Registered Agent signature required when reinstating:  DAIL  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-2P MIAMI BEACH, FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2P MIAMI BEACH STREET ADDRESS CITY-ST-2P M	523 MICHI	GAN AVE			Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE   Signature, hoped or printed rear of injustices account a collectable   (NOTE: Registered Agent signature required when reinstations)   DATE					City			FL Zip Code	<del>-</del>	
FILE NOW!!! 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/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE PRYD, CAROL 366 S. BISCAYNE POINT RD MAME 3166 S. BISCAYNE POINT RD Delete MAME 518EFI ADDRESS CITY-ST-2P MIAMI BEACH, FL 31339  ITILE PRYD, JONATHAN STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33139  ITILE MAME STREET ADDRESS CITY-ST-2P MAME STREET ADDRESS	the obligations of registered agent.  SIGNATURE  4/24/05								and accept	
TITLE NAME FRYD, CAROL STREET ADDRESS CITY-ST-2P MIAMI BEACH, FL TOTLE NAME FRYD, JONATHAN FRYD,	In accordance with s. 607.193(2							s. 607.193(2)(b),	F.S., the notice.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						ADDITIONS	CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	name Street address	FRYD, CAROL 1366 S. BISCAYNE POINT RD STR		NAME STREE	T ADDRESS	_ • _		_		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	FRYD, JONATHAN 523 MICHIGAN AVENUE	☐ Delete	name Stree	T ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	NA ST		name Stree	T ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	} ~	☐ Delete	NAME STREE	T ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	T ADDRESS			☐ Change	☐ Addition	
	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	T ADDRESS ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF SECRING OF BRECTOR

Daytime Phone #