2007 FOR PROFIT CORPORATION REINSTATEMENT

Country State		REINST	ATE	MENT			_	taca 8	a Links		
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BEST 41ST SINEET HALEH, R. 33012 REINSTATEMENT RE	1. Entity Name CARY UNISEX, INC.							07 OCT 11 AH 7: 43			
BEST 41ST SINEET HALEH, R. 33012 REINSTATEMENT RE							_	ou sale W	URY OF STA	HE.	
REINSTATEMENT Perceipus Place of Business - No P.O. Box # 3. Maling Acidness Suite, Apt #, otc. 10052007 REIN-P CR2E098 (1/07) City & Sinte Country Zip Country 5. Conficered of Shake Positive Desired \$8.75 Additional Fee Required \$8.75 A	Principal Place of Business			*				LLAHA	SSEE, FLOR	AOH	
Suite. Apt. #, etc. 10082007 REIN-P CR2E098 (1/07)	IIALEAH, FL 33012	Li			,1		REI	NSTA	TEM	Eì	VT C
City & State City & State City & State City & State Country C	. Principal Place of Bu	usiness - No P.O. Box #	3. Ma	ailing Address							
Country Zip Country Zip Country S. Optification of Satus Desired \$3.75 Actional Pea Propriet Feat Registered Agent T. Name and Address of New Registered Agent T. Name and Address of Na	Suite, Apt. #, etc.		Suite, Apt. #, etc.				10052007	REIN-P	CR2E098 (1/07)	
Country S. Country S. Country S. Country S. Country S. Confidence of Status Desired Pos Required To Marke Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zin Code The above camed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligators of registered agent, or both, in the State of Florida. Lam familiar with, and accept the prior motion. FIRE NOWILLERMO FIRE NOWILLERMO The Post of Prince State of Post	City & State		City & State				F				
ALEAH, FL 33012 City FL Zip Code	Zip Country		Zig	Zip		itry				5 Addi	itional
Sized Address (P.O. Box Number is Not Acceptable) City	6. Na	me and Address of Currer	ıt Register	red Agent		Nama	7. Name and	Address of New I	Registered Agent		
The above named entity submits 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. NATURE Souther, lipid or prime name or reported word, and the it acceptable. (NOTE Registered Apent algorithms required when reintabiling) (DATE NOTE NO	358 EAST 41ST S				(P.O. Box Numb	er is Not Acceptabl	e)				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam lamiliar with, and accept the obligations of registered agent. NATURE Sophilure typed or private news nems or registered agent agent and the functional properties of the properties	HALLAN, FL 330	,12				City		-	El Zi	p Code	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00	. The above named e	ntity submits this statement	for the pur	pose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of F		r with.	and accept
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 FOR MACHADO, GUILLERMO MACHADORES MACH	the obligations of rec	gistered agent.			-	_	•				
ARTER January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MACHADO, GUILLERMO ACHADO, GUILLERMO ACHADORESS ASTREET ADDRESS ASTREET ADD	IGNATURE	ped or printed name of registered age	nt and title if a	pplicable. (NOT	E: Register	ed Agent signature requ	ired when reinstating	1	DATE		
PD MACHADO, GUILLERMO Delete ITILE MAME MAM			.00					In accordance corporation did	with s. 607.193() not receive the	2)(b), F prior n	S., the otice.
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