

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000001760

FILED
Aug 23, 2006
Secretary of State

Entity Name: FITZWAYNE OF NEW YORK, INC.

Current Principal Place of Business:

606 NW 183RD ST
MIAMI, FL 33169 US

New Principal Place of Business:

5817 HALLANDALE BEACH BLVD
WEST PARK, FL 33023 US

Current Mailing Address:

606 NW 183RD ST
MIAMI, FL 33169 US

New Mailing Address:

5817 HALLANDALE BEACH BLVD
WEST PARK, FL 33023 US

FEI Number: 65-0584697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEPHERD, NEVILLE
18061 NW 27TH AVENUE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

SHEPHERD, NEVILLE
12535 NE MIAMI PLACE
N MIAMI, FL 33161 US

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: NEVILLE SHEPHARD

08/23/2006

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: D () Delete
Name: SHEPHERD, NEVILLE
Address: 1920 NW 119TH STREET STE. 623
City-St-Zip: MIAMI, FL 33167

Title: D (X) Delete
Name: SHEPHERD, MICHAEL
Address: 1920 NW 119TH STREET STE. 623
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEPHERD, NEVILLE
Address: 12535 NE MIAMI PLACE
City-St-Zip: N MIAMI, FL 33161

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NEVILLE SHEPHERD

PRE

08/23/2006

Electronic Signature of Signing Officer or Director

Date