2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT									j		
DOCUN 1. Entity Name THE CON	е	# P96000037 NC.	604			05 JA strok	IN 21 PM	1: 05 STATE FLORIDA			
Principal Place of Business Mailing Address							Talli	Hyporen	(-		
3030 E SEMO			3030 E SEMORAN BLVD			ļ	112				
SUITE 108	OIVIN DEVD		SUITE 108								
APOPKA, FL	32703-5909) US	APOPKA, FL 32703-5909 US								
									EBIA BBIDA AKK IBT	10 1 444 1641 1411	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. 4, etc.			Suite, Apt. #, etc.			19		TAFE	机匹脉		1:05
City & State			City & State				4. FEI Numbe 59-3408			<u> </u>	Applicable
Zip		Country	Zip	try	5. Certificate of Status Desired				\$8.75 Addi	tionai	
	6. Name a	and Address of Current	Registered Agent		- 7Name and Address of New Registered Agent						
					Name				-		
MANDARA 362 CRIST	AL RIDGE	WAY	Street Addr			ddress (F	P.O. Box Number	er is Not Accepta	ble)		_
LAKE MARY, FL 32746											
					City				FL	Zip Code	
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 printed name of registered agent and title it applicable. (NOTE: Registered Agent eignature required when reinstating) DATE DATE											
одизано, урос от риппостино от гудинись одоп от ото и вериодом. — <u>(по т.е. парвога и худин вършили година). — ОТЕ</u>											
FILE NOW!!! FEE IS \$300.00								In accordance corporation d			
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTORS	IN 11
TITLE	Р		☐ Delete	TITLE						☐ Change	Addition
NAME	MANDARA, MICHELE			NAM	E						
STREET ADDRESS	362 CRIST	AL RIDGE WAY		ET ADDRESS							
CITY-ST-ZIP	LAKE MAR	Y, FL 32746		CITY-ST-						•	
TITLE	VP		☐ Delete	TITLE	:	VP				Change	Addition
NAME	BARBA, RO	OBERTO	_ 55,50	NAM	E	BAR	bA. Ro.	ber To		<i>_</i>	
STREE1 AD/OPESS	6520 METR	RO W. BLVD. #225		STRE	ET ADDRESS	269	HIGHER	ooKE B	LVd		
CITY-ST-ZIP	ORLANDO	, FL 328356228		CITY	-ST-ZIP	oco	EE, FL	berTo oo KE B - 34761-	4638		
TITLE	s		☐ Delete	TITLE						Change	Addition
NAME	BARBA, PA	AQUALE		NAM	E	BAR	bA, CAL	BRUTLE	· 1	-	
STREET ADDRESS 1021 AUTUMN LEAF DR.				STRE	ET ADDRESS	20	4. KLDI	Righton	u		
CITY-ST-ZIP	WINTER G	ARDEN, FL 3478721	11	CITY	-ST-ZIP	LONG	gwood,	FL 327	79-211	<i></i>	
TITLE	T		☐ Delete	TITLE	1	7	, 1	<i>~</i>		XI Change	Addition
NAME	1	, SALVATORE		NAM		MAN	DARA,	SALVA WAVISTA	PRE		
STREET ADDRESS	1	TAL RIDGE WAY			ET ADDRESS	835	7 BAYW	Wd VISTA	JAIVE	,	
CITY-ST-ZIP	LAKE MAR	Y, FL 32746		CATY	-ST-ZIP	ORL	ANDO, F	CL 3281	0-662		
BILE			☐ Delete	TITL						Change	Addition
NAME				NAM							
STREET ACOFESS CHY-ST-ZIP					ET ADDRESS - St-ZIP						
				_		-				(T) (bases	The same of
TITLE			☐ Delete	TITLI			70	00045 705010	1628		Addition
NAME STREET ADDRESS					ET ADDRESS		01/21	/05010	32009	**303.	. 75
CITY-ST-ZIP					-ST-ZIP						
	Costilus that the	information condition with	this films does not exelf. f-			ad is S-	ction 110 07/0	(i) Elorido Protesta	an Hugheres	tifu that tha i-	formation
12. 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: Michel Mondere Michele MANDARA 01/11/2005 407-774-8080											
SIGNATURE: //W CLC //V // A											