


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000079365</b> 1. Entity Name <b>PEMBROKE CAPITAL CORP.</b>						<b>FILED</b> <b>06 NOV 20 PM 4: 29</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1800 SUNSET HARBOUR DRIVE</b> <b>STE 2</b> <b>MIAMI BEACH, FL 33139 US</b>				Mailing Address <b>1800 SUNSET HARBOUR DRIVE</b> <b>STE 2</b> <b>MIAMI BEACH, FL 33139 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>KARLTON, FREDERIC N</b> <b>1800 SUNSET HARBOUR DR</b> <b>#2</b> <b>MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>REIN-P</b> <input checked="" type="checkbox"/> <b>CR2E098 (11/05)</b> <b>06</b> Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>				<b>\$8.75</b> <b>Fee Required</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>D</b> <b>KARLTON, FREDERIC N</b> <b>1800 SUNSET HARBOUR DR #2</b> <b>MIAMI BEACH, FL 33139</b>				<b>700081961007</b> <b>11/20/06--01074--021 **750.00</b>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 change or other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>11/16/06</b> Daytime Phone # <b>305-532-2900</b>			