


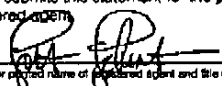
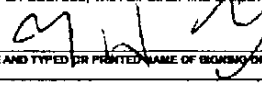
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# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 19 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000025743</b>			
1. Entity Name <b>CENTRACAN INCORPORATED</b>			
Principal Place of Business 65 EAST 55TH STREET C/O OLSHAN GRUNDMAN FROME ET AL. NEW YORK, NY 10022		Mailing Address 65 EAST 55TH STREET C/O OLSHAN GRUNDMAN FROME ET AL. NEW YORK, NY 10022	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0736042</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE BUREAU, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>CORPORATE SERVICE BUREAU INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 EAST PARK AVE.</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32301</b>	
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 printed name of registered agent and title if applicable.		Scott J. Schuster, Pres. 12/17/07 DATE	
FILE MONTHLY FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOUBEUX, JEROME 65 EAST 55TH STREET NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, KEN 65 EAST 55TH STREET NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jerome Goubeaux, Pres. 12-5-07 (212) 233-3935 Date Daytime Phone #	

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATE SERVICE BUREAU, INC.  
Account Number : I20070000141  
Phone : (518) 463-8550  
Fax Number : (518) 463-3752

**CORPORATION REINSTATEMENT**

**CENTRACAN INCORPORATED**

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