

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000030345					
1. Entity Name CHRISTIAN G. BUISSON, INC.					
Principal Place of Business 2704 NE 15TH STREET FORT LAUDERDALE, FL 33304			Mailing Address 2704 NE 15TH STREET FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 2805 E Oakland Park Blvd		3. Mailing Address 7800 W Oakland Park Blvd.			
Suite, Apt. #, etc. #423		Suite, Apt. #, etc. G-121			
City & State Fort Lauderdale, Fl		City & State Sunrise, Fl			
Zip 33306	Country USA	Zip 33351	Country USA	4. FEI Number 65-0912231	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUISSON, CHRISTIAN 1290 SE 6 TERRACE POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name: <u>CORRECTION OF ADDRESS</u> Street Address (P.O. Box Number is Not Acceptable): <u>2805 E OAKLAND PARK BLVD</u> <u>#423</u> City: <u>FT LAUDERDALE</u> FL Zip Code: <u>33306</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUISSON, CHRISTIAN <input type="checkbox"/> Delete 2704 NE 15 STREET FORT LAUDERDALE, FL 33304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2805 E Oakland Park Blvd #423 Fort Lauderdale, Fl 33306	
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	
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	
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	
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	
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 another like empowered.					
SIGNATURE: _____			02-23-2007 954-749-8802		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

FILED

07 FEB 28 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07