2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000077261

13651 SW 143 CT #103

MIAMI, FL 33186

Address: City-St-Zip:

Entity Name: PAKOBEL USA. INC

FILED Oct 02, 2008 Secretary of State

Entity Nai	me: PAKOBEL US	A, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13651 SW MIAMI, FL	143 CT #103 33186		13651 SW 143 CT 103 MIAMI, FL 33186		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
13651 SW MIAMI, FL	143 CT #103 33186		13651 SW 143 CT 103 MIAMI, FL 33186		
FEI Number	: 65-0946679 FE	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BIANCHI, PETER C JR 255 UNIVERSITY DR CORAL GABLES, FL 33134 US			ALI, SALMAN 13651 SW 143 CT 103 MIAMI, FL 33186 US	13651 SW 143 CT	
	named entity subm e of Florida.	its this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: SALMAN ALI				10/02/2008	
	Electronic Sig	gnature of Registered Age	ent	Date	
	, ,,), F.S., the corporation did no t Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD () Delet ALI, MOHAMMAD 13651 SW 143 CT #1 MIAMI, FL 33186		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delet ALI, HASNAIN 13651 SW 143 CT #1 MIAMI, FL 33186		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delet ALI, SALMAN	е	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: SALMAN ALI D 10/02/2008