Dayling Fhone #

12/13/2007 15:23 3056361514 AT AUU/ FUK PKUFII CORPORATION REINSTATEMENT

DOCU 1. Entity Nem CARBI D	ne	# \$72541 NC.		1			•	ILED 11 amii:4	4
Principal Place of Business 809 N DIXIE HWY FRNT WEST PALM BEACH, FL 33401 US			Mailing Address 809 N DIXIE HWY FRNT WEST PALM BEACH, FL 33401 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12132007	REIN-P	CR2E098 (1/0	97)
City & State			City & State			4. FEI Number 65-028			Applied For Not Applicable
Zip	Country		Zip Coun		otry	5. Cartificate of Status Desired			
	6. Name	and Address of Curren	Registered Agent Name		Name /	7. Name and Address of New Registered Agent			
M & W AG		•				s (P.O. Box Number is Not Akceptable)			
2101 CORPORATE BLVD BOCA RATON, FL 33431			-						
					City	2999 NE 19151 1/H-8 Auentura FL 7186000000000000000000000000000000000000			
			or the purpose of changing its	register					th, and accept
the obligations of registered agent			Elizabeth			Ana	on Ess.	lx day	(.57
SIGNATURE.	Signature typed	or bricted units of rebistered adju-			ed Agent algrælure requi			DATE	
1		FEE IS \$150.00 OB, Fee will be \$300.	go					vith s. 607.193(2)(not receive the pri	
10.	DP	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	
TITLE NAME	CARBI, ALBERTO MIGUEL		Delete 71170 NAM			5001152031 + 5 01/15/08-01040-003 **150.00			
STREET ADDRESS CITY-ST-ZIP	1	(IE HWY FRNT ILM BEACH, FL 3340			ET ADDRESS - S1- ZIF	01/15/0001040003 **150.00			
TITLE	DV		☐ Delete		ĭ			☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS	MAISON, R. MARCEL SS 222 CHERRY LANE		NA Sti		ET ADDRESS				
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY					<u>-</u>
TITLE NAME	MAISON,	JOYCE	☐ Delete		- 1			Chan	ge 🔲 Addition
STREET ADDRESS CITY-ST-74P	I.	RRY LANE ACH, FL 33480			ET ADORESS -ST-ZIP				
TITLE			□ Defete	HILE	:		*OTT ATT	TAREN	Addition
name Street address	} ·			NAM STRE	ET ADDRESS	REIN	121A1	EME	
CITY-ST-ZIP				CITY	-ST-ZIP			20)0 1
TITLE NAME			Ociete	TITLE NAME	1			☐ Chang	ge Addylon
STREET ADDRESS CITY-ST-71P					ET ADDRESS - St - ZIP				000
TITLE			☐ Delete	THILE				☐ Chang	e 🔲 Addition
NAME SIREET ADDRESS	}			NAM! SIRE!	E (E1 ADDRESS				
CHY-ST-ZIP				CITY	- S1 - ZIP				
12. I hereby of indicated of the concentration changed.	certify that the on this repor poration or th or on an atta	e information supplied with Tor supplemental report in le receiver or trustee emp chment with an address,	n this filling does not quality to s true and apparate and that n owered to precute this report with all other like empowered.	r the exe my signat as requir	mptions contained ure shall have the s ed by Chapter 607	i in Chapter 119 same legal effec r, Florida Statute	. Florida Statutes, I t t as if made under o s; and that my name	further certify that the ath; that I am an office appears in Block 10	a information cer or director or Block 11 if
SIGNAT	URE:	BIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING OFFICER	OR DIRECT	OR	12/	20/07-		

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SECRETARY OF STATE
CERTIFICATE OF DESIGNATION TALLAHASSEE, FLORIDA
REGISTERED AGENT/REGISTERED OFFICE

Amaran & Shafer, P.A.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT