

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -8 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06



11032006 REIN-P CR2E098 (11/05)

FEI Number **65-1140396** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # P01000097873
1. Entity Name
C. H. FERRARI, INC.



Principal Place of Business **319 SW 14 AVE - POMPANO BEACH, FL 33069**
Mailing Address **319 SW 14 AVE - POMPANO BEACH, FL 33069**

2. Principal Place of Business **3628 DUNES VISTA DR.**
Suite, Apt. #, etc.
3. Mailing Address **3628 DUNES VISTA DR.**
Suite, Apt. #, etc.

City & State **POMPANO BEACH, FL** City & State **POMPANO BEACH, FL**
Zip **33069** Country **US** Zip **33069** Country **US**

6. Name and Address of Current Registered Agent
**MAHONEY, ROBERT F CPA
7777 GLADES RD
BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$150.00
After January 1, 2007, Fee will be \$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 P	NAME FERRARI, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3628 DUNES VISTA DRIVE		NAME	000081633620
CITY-ST-ZIP POMPANO BEACH, FL 33069		STREET ADDRESS	11/09/06--01036--011 **150.00
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	NAME	
TITLE		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	

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: **CHARLES FERRARI** 11/3/06
Date **954-317-6438**
Daytime Phone #