# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000127457

1. Entity Name
EXCEPTIONS, INC.

FILED
05 FEB 21 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/21/04 0033 00 150.00

12022004 REIN-P CR2E098 (6/04) MRS

| Principal Place of Business | Mailing Address |
|---|---|
| 6772 BROOKLINE DR<br>HIALEAH, FL 33015 | 6772 BROOKLINE DR<br>HIALEAH, FL 33015 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6280 N.W. 186 St | 6280 N.W. 186 St |
| Suite, Apt. #, etc.: #107 | Suite, Apt. #, etc.: #107 |
| City & State: Hialeah Fl. | City & State: Hialeah |
| Zip: 33015 Country: U.S. | Zip: 33015 Country: U.S. |

4. FEI Number: 77-0616041 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WELLS, CELESTE YVONNE
6772 BROOKLINE DR
HIALEAH, FL 33015

**7. Name and Address of New Registered Agent**

Name: Carolyn K. Howard
Street Address (P.O. Box Number is Not Acceptable): 6280 N.W. 186 St Apt # 107
City: Hialeah FL Zip Code: 33015

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: Celeste Wells Carolyn K. Howard DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2005, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO – Registered Agent<br>Carolyn K. Howard<br>6280 N.W. 186 St Apt # 107<br>Hialeah Fl. 33015 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Registered Agent<br>Celeste Y. Wells<br>6772 Brookline Drive<br>Hialeah Fl. 33015 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Celeste Wells<br>6280 N.W. 186 St Apt 107<br>Hialeah Fl. 33015 ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400043482294<br>12/17/04--01006--009 **35.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT 04-05 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300047324193<br>03/08/05--01016--014 **115.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Carolyn Howard Carolyn Howard 305-826-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

My Forms were 2nd not available due to Hurricanes, I never Recieved the forms in time

Thanking You in advance

Clete Tillo