## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000003736

BARNET, LIONEL

MIAMI, FL 33156 US

Name:

Address:

City-St-Zip:

Entity Name: 1785 HOLDINGS INCORPORATED

FILED Oct 15, 2004 Secretary of State

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	14TH STREET			
APT. 1904 NORTH M	I 11AMI, FLORIDA, FL 33181 US			
Current Mailing Address:		New Mailing Addr	ess:	
APT. 1904	14TH STREET      IAM , FLORIDA, FL 33181 US			
FEI Number	: FEI Number Appli	d For (X) FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of Current Registere	Agent: Name and Address	s of New Registered Agent:	
APT. 1904 NORTH M	14TH STREET I IIAMI, FL 33181 US	ent for the purpose of changing its registe	arod office or registered agent, or both	
	e of Florida.	ent for the purpose of changing its registe	red office of registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Re	istered Agent	Date	
	nce with s. 607.193(2)(b), F.S., the corp mpaign Financing Trust Fund Contrib	oration did not receive the prior notice.		
OFFICERS AND DIRECTORS:		• •	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) Delete ZUR, KAREN 1800 NE 114TH STREET APT. 1904 NORTH MIAMI, FL 33181 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete ZUR, HAIA 1800 NE 114TH STREET APT. 1904 NORTH MIAMI, FL 33181 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete BONIS, HENRY S 679 NE 77TH STREET MIAMI, FL 33138 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete ZUR, MOSHE 1800 NE 114TH STREET APT. 1904 NORTH MIAMI, FL 33181 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: MOSHE ZUR D 10/15/2004

9100 SOUTH DADELAND BOULEVARD SUITE #404