
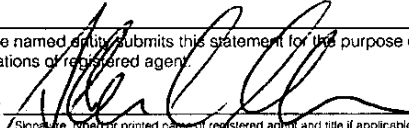
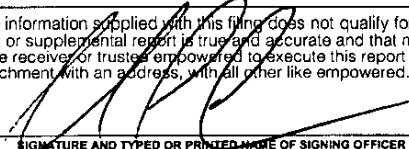


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 347831 1. Entity Name SURREY'S OF FLORIDA, INC.						FILED 07 JAN 02 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5404 NW 72ND AVENUE MIAMI, FL 33166				Mailing Address 5404 NW 72ND AVENUE MIAMI, FL 33166			
2. Principal Place of Business 7449 N. KENDALL DR. Suite, Apt. #, etc. 1850 City & State MIAMI, FL Zip 33156				3. Mailing Address 7449 N. KENDALL DR. Suite, Apt. #, etc. 1850 City & State MIAMI, FL Zip 33156			
4. FEI Number 59-1290162				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 06-07 WOP			
6. Name and Address of Current Registered Agent SHIEKMAN, STEVEN 5404 NW 72ND AVENUE MIAMI, FL 33166				7. Name and Address of New Registered Agent Name SHIEKMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 7449 N. KENDALL DR. #1850 City MIAMI FL Zip Code 33156			
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  Steven L. Shiekman President 12/29/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHIEKMAN, STEVEN		NAME	200082894962 01/02/07--01019--001 **758.75			
STREET ADDRESS	5255 COLLINS AVE UNIT 10C		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLOCK, MICHAEL		NAME				
STREET ADDRESS	9041 SW 85TH ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000,		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KIICK, FRANK		NAME				
STREET ADDRESS	10170 COLLINS AVE #8		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHIEKMAN, JOHN		NAME				
STREET ADDRESS	960 SW 93RD AVE.		STREET ADDRESS				
CITY-ST-ZIP	PLANTATION, FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 				Steven L. Shiekman 12/29/06 305-795-0297			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			