

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 582963

1. Entity Name  
DUTY FREE EXPO, INC.



Principal Place of Business  
7935 NW 60TH STREET  
P. O. BOX 66-8677  
MIAMI, FL 33166

Mailing Address  
7935 NW 60TH STREET  
P. O. BOX 66-8677  
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

11142005 REIN-P CR2E098 (6/04)

4. FEI Number 59-1846469	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

NASR, MICHAEL  
7935 NW 60 ST  
MIAMI, FL 33166

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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

TITLE S  
NAME NASR, MICHAEL JR.  
STREET ADDRESS 1901 BRICKELL AVE., UNIT B-1011  
CITY-ST-ZIP MIAMI, FL 33129

Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

0010061551210  
11/18/05--01050--010 \*\*150.00

TITLE P  
NAME NASR, MICHAEL  
STREET ADDRESS 13611 DEERING BAY DRIVE NO 1204  
CITY-ST-ZIP CORAL GABLES, FL 33158

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE FERZLI  
NAME TANYA  
STREET ADDRESS 8525 SW 147 ST.  
CITY-ST-ZIP MIAMI, FL 33158

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Ferzli,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

11-14-05 10:30 AM