

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 582963

1. Entity Name
DUTY FREE EXPO, INC.



REINSTATEMENT

T. Roberts

05
NOV 21 2005



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 Country 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

7. Name and Address of New 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **000061551210**
STREET ADDRESS **11/18/05--01050--010**
CITY-ST-ZIP ****150.00**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **Ferzli,**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

TALLAHASSEE
SECRETARY OF STATE
NOV 18 10:39
FILED