

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

REINSTATEMENT

05

FILED

05 DEC 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082005 REIN-P CR2E098 (6/04)

4. FEI Number
59-1883345

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

MIRON, JULIE
19400 W.DIXIE HWY.
N.MIAMI BCH., FL 33180

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	CBS	<input checked="" type="checkbox"/> Delete
NAME	MIRON, JULIE	
STREET ADDRESS	4020 PALM AIRE DR. WEST	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MIRON, STEPHEN E.	
STREET ADDRESS	23 KHAKUM WOOD ROAD	
CITY-ST-ZIP	GREENWICH, CT	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREENSPAN, HY	
STREET ADDRESS	ROUTE 9W	
CITY-ST-ZIP	KINGSTON, NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph S. Sharkin	
STREET ADDRESS	7234 NW 116th Way	
CITY-ST-ZIP	Parkland, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/05 305-931-4234

Date

Daytime Phone #