

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04



10222004 REIN-P CR2E098 (6/04)

4. FEI Number **13-3947928** 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

FORMAN, JAMES G  
300 EGRET LANE  
WESTON, FL 33327

Name **ENRICO MARCHEGGIANI**

Street Address (P.O. Box Number is Not Acceptable)

**191 N.W. 97th Ave APT 522**

City **MIAMI** FL Zip Code **33142**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**10/21/04**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2005, 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 **VVC** ☒ Delete  
NAME **SFERRA, JEANINE**  
STREET ADDRESS **80 DUTCHER AVE**  
CITY-ST-ZIP **PAWLING, NY 12546**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
NAME **JEANINE DeLong**  
STREET ADDRESS **310 TIFFANY ST.**  
CITY-ST-ZIP **BRONX, NY 10474**

TITLE **SD** ☐ Delete  
NAME **COELHO, DOMINICK**  
STREET ADDRESS **80 DUTCHER AVE**  
CITY-ST-ZIP **PAWLING, NY 12546**

TITLE **700042355557** ☐ Change ☐ Addition  
NAME **11/01/04--01060--020 \*\*150.00**  
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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/21/04**  
Date

**(718) 617-4752**  
Daytime Phone #