

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 29 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10302007 REIN-P CR2E098 (1/07)

4. FEI Number **04-2858160** 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

MARDER, DANIEL
5848 HARRINGTON WAY
BOCA RATON, FL 33496

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

Daniel Marder

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME MARDER, BRIAN I
STREET ADDRESS 25 BOURNE PLACE
CITY-ST-ZIP SOUTH DARTMOUTH, MA 02748

TITLE D ☐ Delete
NAME MARDER, DANIEL
STREET ADDRESS 25 BOURNE PLACE
CITY-ST-ZIP SOUTH DARTMOUTH, MA 02748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100112686781
STREET ADDRESS 11/29/07--01013--011 ***750.00
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Marder, Daniel
STREET ADDRESS 5848 Harrington Way
CITY-ST-ZIP Boca Raton, FL 33496

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

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

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

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

REINSTATEMENT
2007

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:

[Signature]

Brian Marder, President

508-992-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/07