

2004 FOR PROFIT CORPORATION REINSTATEMENT

182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT 04



10202004 REIN-P CR2E098 (6/04) MRS

4. FEI Number 59-2115600 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

KALLER, FRIDA
6117 NW 83RD LN
PARKLAND, FL 33067

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 Frida Kaller V. President 10-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	KALLER, FRIDA	
STREET ADDRESS	6117 NW 83RD LN	
CITY-ST-ZIP	PARKLAND, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KALLER, MARIO	
STREET ADDRESS	6117 NW 83RD LN	
CITY-ST-ZIP	PARKLAND, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200042163452	
STREET ADDRESS	10/25/04--01078--023 **150.00	
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 all other filers empowered.

SIGNATURE: Andy Kaller V. Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21-04 Daytime Phone #

FD-114E ACTIVE
18143 Bricayre Blvd. F38655 (10/21/04)
AMB #33166

Dear Division of Corporation,

I am writing this letter because

I have been a corp of FL since 1981.

I have a good record of payment & I have never been delinquent. I sent my annual payment as usual. For some reason this year my payment got lost - I never got a letter from the Corp. Division so I had no idea of the problem.

But 2 days ago - I got a postcard telling me of the problem. I called the Division of Corp. & explained the problem. They told since I had a good record - just to write this letter & mail \$150.00

Thank you so much.

Frida Lull

305 936 0467

I really appreciate it -

Thank you -