

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G50411			
1. Entity Name CORE SALES CORP.			
Principal Place of Business 19195 MYSTIC POINTE DR., #510 AVENTURA, FL 33180		Mailing Address 19195 MYSTIC POINTE DR., #510 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED
07 JAN 31 PM 2:38

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



REINSTATEMENT 012-0098 (1/07)

6. Name and Address of Current Registered Agent COHEN, RALPH 19195 MYSTIC POINTE DRIVE #510 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Ralph Cohen* (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/07

FILE NOW!!! FEE IS \$900.00
300.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COHEN, RALPH 19195 MYSTIC PT DR #510 AVENTURA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>12/1/31</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600087358256 02/05/07--01010--029 **308.75 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: *Ralph Cohen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/29/07 DAYTIME PHONE #: 305-933-1821

CORE SALES CORP.

19195 MYSTIC POINTE DRIVE #510
ADVENTURE, FLA. 33180

TEL: 305-933-1821
FAX: 305-933-2936

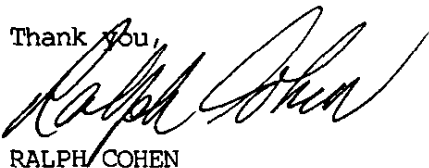
January 29th. 2007

Florida Dept. Of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Enclosed please find my check for \$308.75. Never received my annual corporate report form for 2006. I have received this form every year for well over 20 years and paid for them each year.

I am also adding \$8.75 for a Certificate of Status, plus payment for the current year 2007, of \$150.00.

Thank you,



RALPH COHEN