2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 JAN 31 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G50411

1. Entity Name
CORE SALES CORP.

Principal Place of Business	Mailing Address
19195 MYSTIC POINTE DR., #510 AVENTURA, FL 33180	19195 MYSTIC POINTE DR., #510 AVENTURA, FL 33180

REINSTATEMENT 02-07

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

4. FEI Number
59-2310104
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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

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] 1/29/07
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

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	JR 1/31	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600087358256 02/05/07--01010--029 **308.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [signature] 1/29/07 305-933-1821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORE SALES CORP.

19195 MYSTIC POINTE DRIVE #510
AVENTURE, FLA. 33180

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

January 29th. 2007

Florida Dept. Of State
Divisiob 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