

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 NOV 23 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *dy*



th

11192004 REIN-P CR2E098 (6/04)

4. FEI Number **59-2755594** 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

LEHR, ROBERT W.
3129 NE 31ST AVE.
LIGHTHOUSE POINT, FL 33064

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME **PSD LEHR, ROBERT W** ☐ Delete
STREET ADDRESS **3129 NE 31 AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE
NAME **200042954632** ☐ Change ☐ Addition
STREET ADDRESS **11/23/04--01023--010**
CITY-ST-ZIP ****150.00**

TITLE
NAME **VTD LEHR, LIEN** ☐ Delete
STREET ADDRESS **3129 NE 31 AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Lehr **ROBERT LEHR, PRES** 11-19-2004 954-942-1061