## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000007859

Entity Name: CURRYCOR, INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6633 DAHLIA DRIVE 1711 NW 106 AVENUE

MIRAMAR, FL 33023 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

6633 DAHLIA DRIVE 1711 NW 106 AVENUE

MIRAMAR, FL 33023 PEMBROKE PINES, FL 33026

FEI Number: 31-1743743 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CURRY, GINETTE CURRY, GINETTE 6633 DAHLIA DRIVE 1711 NW 106 AVENUE

MIRAMAR, FL 33023 US PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: GINETTE CURRY 10/06/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: D () Delete Title: MR. (X) Change () Addition

 Name:
 CURRY, HACCORD
 Name:
 CURRY, HACCORD

 Address:
 6633 DAHLIA DRIVE
 Address:
 1711 NW 106 AVENUE

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 PEMBROKE PINES, FL 33026

 Title:
 D () Delete
 Title:
 DR. (X) Change () Addition

 Name:
 CURRY, GINETTE
 Name:
 CURRY, GINETTE

 Address:
 6633 DAHLIA DRIVE
 Address:
 1711 NW 106 AVENUE

City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete Title: MISS (X) Change ( ) Addition Name: SAUNDERS, DOROTHY SAUNDERS, DOROTHY

Address: 6633 DAHLIA DRIVE Address: 1711 NW 106 AVENUE
City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINETTE CURRY DR. 10/06/2005