FILED

2006 NOV -7 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000030579

1. Entity Name
SAVITA KEZERLE AND MARK MEYERS HOLDINGS, INC. FL

Principal Place of Business	Mailing Address
1802 NORTH UNIVERSITY DR #226 PLANTATION, FL 33322 US	1802 NORTH UNIVERSITY DR #226 PLANTATION, FL 33322 US

11022006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 06-1575862 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEZERLE, SAVITA
1802 NORTH UNIVERSITY DR #226
PLANTATION, FL 33322

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 ______________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, 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 10
TITLE: PVPD ☐ Delete NAME: MEYERS, MARK STREET ADDRESS: 1802 NORTH UNIVERSITY DRIVE, #226 CITY-ST-ZIP: PLANTATION, FL 33322		☐ Change ☐ Addition 800081593058 11/07/06--01031--011 **150.00
TITLE: STDC ☐ Delete NAME: KEZERLE, SAVITA STREET ADDRESS: 1802 NORTH UNIVERSITY DRIVE, #226 CITY-ST-ZIP: PLANTATION, FL 33322		☐ Change ☐ Addition
TITLE: CHAIRPERSON ☒ Delete NAME: SAVITA KEZERLE STREET ADDRESS: 1802 - North University Dr #226 CITY-ST-ZIP: Plantation FL 33322		☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ☐ Delete 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] 3rd Nov 2006 518-466 9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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