

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000060619

1. Entity Name
FLORIDA LIFTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 AM 11:39

Principal Place of Business
9737 NW 41ST ST #173
MIAMI, FL 33178

Mailing Address
9737 NW 41ST ST #173
MIAMI, FL 33178



2. Principal Place of Business
4500 Filer Code Road
Suite, Apt. #, etc.

3. Mailing Address
9737 NW 41ST St
173
Suite, Apt. #, etc.

10232004 REIN-P CR2E098 (6/04)

City & State
Big Torch Key, FL
Zip
33042
Country
Monroe

City & State
Miami, FL
Zip
33178
Country
Dade

4. FEI Number
65-1023629
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEARNEY, JENNIFER
9737 NW 41ST ST #173
MIAMI, FL 33178

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 *Jennifer Kearney* DATE 10/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
RINEARSON, ROBERT
285 GOLFVIEW DR.
TEQUESTA, FL 33469 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
KEARNEY, JENNIFER
501 27TH ST.
WEST PALM BEACH, FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000042239880 ☐ Change ☐ Addition
10/27/04--01024--001 **758.75

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

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

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

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

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 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: *Jennifer Kearney* DATE 10/22/04 305-757-6667
Signature and typed or printed name of signing officer or director

10/28/04