

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 30 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12162004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000036988

1. Entity Name
FURITE, INC.



Principal Place of Business
**901 VENETIA BAY BLVD STE 252
VENICE, FL 34292**

Mailing Address
**901 VENETIA BAY BLVD STE 252
VENICE, FL 34292**

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
65-1104492

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

**ROSS, ANNETTA Z.P.
901 VENETIA BAY BLVD STE 252
VENICE, FL 34292**

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

Annette L.P. Ross

Annette L.P. Ross

12-28-04

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
STREET ADDRESS
CITY-ST-ZIP
**DPST
ROSS, ANNETTE Z.P.
901 VENETIA BAY BLVD STE 252
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800044675618
01/13/05--01013--013 **150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800044675618
01/13/05--01013--014 **8.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 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:

Annette L.P. Ross
Annette L.P. Ross

12-28-04

941-480-1948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Law Office of Annette Z. P. Ross

2012



901 Venetia Bay Blvd., Suite 252, Venice, Florida 34285
Phone: 941-480-1948 • Fax: 941-480-9277
aross80974@aol.com

December 28, 2004

Florida Department of State
Attn: Michelle Milligan
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: FURITE, Inc.
Ref # P01000036988

Dear Michelle:

Enclosed please find Application resubmitted and a check in the amount of \$8.75 for the issuance of a Certificate of Status. I have also enclosed a check for \$150.00 for filing fees.

Please note that I am certifying once again that prior notices were not received by this office. Please do not hesitate to contact me directly with any questions. Kindly forward Certificate of Status to my office.

Thank you for your attention to this matter.

Sincerely,



Annette Z. P. Ross, Esquire

Enclosures