

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04



10202004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-1152844

Applied For	
Not Applicable	

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

**6. Name and Address of Current Registered Agent**

ALVAREZ, FRANK H  
3191 CORAL WAY, SUITE 1010  
MIAMI, FL 33145

**7. Name and Address of New Registered Agent**

Name **STEVEN A. LOSNER**

Street Address (P.O. Box Number is Not Acceptable)

**65 N.W. 16 ST**

City **HOMESTEAD**

**FL**

Zip Code **33030**

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)

10/28/04

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**

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOLL, LORENZO	
STREET ADDRESS	120 9 STREET	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NORMAN, KIRBY T	
STREET ADDRESS	201 NORTHEAST 6 STREET	
CITY-ST-ZIP	BELLE GLADE, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VALDES, ROLANDO	
STREET ADDRESS	7500 S.W. 84TH COURT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Julius J. Norman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-04

561-996-7417