

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000021361

1. Entity Name
OSKAR INTERIOR FINISH INC.



FILED

04 DEC 14 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 7014 NW 99 AVE. TAMARAC, FL 33321
Mailing Address: 7014 NW 99 AVE. TAMARAC, FL 33321

2. Principal Place of Business: 2562 SW DALPINA RD
Suite, Apt. #, etc.
3. Mailing Address: 2562 SW DALPINA RD
Suite, Apt. #, etc.

City & State: Port St. Lucie
Zip: 34953 Country: USA
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Zip: 34953 Country: USA

12102004 REIN-P CR2E098 (6/04)

4. FEI Number: 61-1407281
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

ALLES, EVARISTO
7014 NW 99 AVE.
TAMARAC, FL 33321

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: *President* 12-10-04
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

TITLE: P
NAME: ALLES, EVARISTO
STREET ADDRESS: 7014 NW 99 AVE.
CITY-ST-ZIP: TAMARAC, FL 33321 ☐ Delete

TITLE: V
NAME: ALLES, MYRNA L
STREET ADDRESS: 7014 NW 99 AVE.
CITY-ST-ZIP: TAMARAC, FL 33321 ☐ Delete

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: ALLES, EVARISTO
STREET ADDRESS: 2562 SW DALPINA RD
CITY-ST-ZIP: Port St. Lucie, FL 34953 ☐ Change ☐ Addition

TITLE: V
NAME: ALLES, MYRNA
STREET ADDRESS: 2562 SW DALPINA RD
CITY-ST-ZIP: Port St. Lucie, FL 34953 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: 000043387450
STREET ADDRESS: 12/14/04--01017--019
CITY-ST-ZIP: ***150.00

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

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

TITLE: ☐ Change ☐ 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: *President* 12-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #