

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000052364

1. Entity Name  
LIST STRATEGIES SOUTH, INC.



Principal Place of Business  
606 BALD EAGLE DRIVE #612  
MARCO ISLAND, FL 34145

Mailing Address  
141 FIFTH AVENUE  
7TH FLOOR  
NEW YORK, NY 10010

2. Principal Place of Business  
141 Fifth Ave

3. Mailing Address

Suite, Apt. #, etc.  
7th Floor

Suite, Apt. #, etc.

City & State  
New York NY

City & State

Zip  
10010

Country  
USA

Zip

Country

12142004 REIN-P CR2E098 (6/04)

4. FEI Number  
41-1536626

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

GRANAT, MITCHELL ESQ.  
1215 SE 2 AVENUE #201  
FORT LAUDERDALE, FL 33316

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

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  
PSD  
COOPER, JOEL  
141 FIFTH AVENUE #7TH FLOOR  
NEW YORK, NY 10010 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
WEINDRUCH, CHARNA  
8571 PEPPER TREE WAY  
NAPLES, FL 34114 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/04

212/767-1000

Date

Daytime Phone #

FILED

05 JAN -3 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

