

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000068138

FILED
Feb 07, 2005
Secretary of State

Entity Name: THE FLORIDA OBSERVER, INC.

Current Principal Place of Business:

3930 NW 187TH ST
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

3930 NW 187TH ST
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 03-0466043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNIPES, BILLY C SR
3430 NW 187TH ST
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SNIPES BILLY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SNIPES, BILLY C SR
Address: 3930 NW 187TH ST
City-St-Zip: OPA LOCKA, FL 33055

Title: DVS () Delete
Name: SNIPES, AMONISE SR
Address: 3930 NW 187TH ST
City-St-Zip: OPA LOCKA, FL 33055

Title: DT () Delete
Name: SNIPES, BILLY C JR
Address: 3930 NW 187TH ST
City-St-Zip: OPA LOCKA, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ST-JUSTE, VONISE
Address: 3930 NW 187TH ST
City-St-Zip: OPA LOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SNIPES BILLY

DP

02/07/2005

Electronic Signature of Signing Officer or Director

Date