


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000114093		
1. Entity Name 3355 NE 33 ST, CORP.		

Principal Place of Business 3355 NE 33RD ST FT LAUDERDALE, FL 33308	Mailing Address 3355 NE 33RD ST FT LAUDERDALE, FL 33308
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	Country	City & State  Zip	Country
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6. Name and Address of Current Registered Agent  HUMPHREY, ED 3355 NE 33RD ST FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent  Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City: _____ FL Zip Code: _____	
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHICHESTER, SANDRA 3355 NE 33RD ST FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, ED 3355 NE 33RD ST FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  900043583229 12/22/04--01034--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CATHY L SURACE 3355 NE 33RD ST FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward E. Humphrey* 12-19-04 954-561-8789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

FILED  
04 DEC 22 PM 2: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12172004 REIN-P CR2E098 (6/04)

4. FEI Number  
82-0570549 Applied For  
Not Applicable

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