2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: **

<u>, , , , , , , , , , , , , , , , , , , </u>	KEINSIA	VIEWIEW I									
DOCUI 1. Entity Nam FLIZUR, I		157	140 II				SECRETA DIVISION OF				
Principal Place of Business Mailing Address				·			05 FEB 2	I AM 9	38		
11471 W. SA	MPLE RD	2731 NORTHEAST 14TH STREET CAUSEWAY			ΙΑΥ	(A) (B) (B) (B)	电子电子电子	1# 1 F	T	ر	
#22 Coral Springs, FL 33065		UNIT 514 Pompano Beach, FL 33062				KEN	STATE		04	-05	
2. Principal Place of Business		3. Mailing Address 1050 CORAL AIDGE DRIVE			E						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02152005	REIN-P	CR2E	098 (6/04)		
City & State		City & State SPAINAS, I				4. FEI Numbe 06-166			 	pplied For at Applicable	
Zip	Country	33071	Coun	try DWAR	0	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered A	gent _		
OIDEDDV	LAMEO E			Name	IND	y LEE					
O'BERRY, JAMES E 2731 NORTHEAST 14TH STREET CAUSEWAY				Street Address (P.O. Box Number is Not Acceptable)							
UNIT 514 POMPANO BEACH, FL 33062					# 202						
				City CORAL SPRINGS FL Zip Code						971	
8. The above named enalty 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 \$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 OF	FICERS AND	DIRECTORS	S IN 11	
ITILE	D COREDRY IAMES E	Delete	TITLI NAM		P	CINDY	,		Change	☐ Addition	
name Street address	•			ET ADDRESS	105	O CORAL	L RIDGE.	DRIVE	- <i>7</i> -70	2	
CITY-ST-ZIP			CITY	- ST - ZIP			INKS, FA				
TITLE	D	X Delete	TITL	E					☐ Change	☐ Addition	
NAME	O'BERRY, CINDY		NAM								
STREET ADDRESS CITY-ST-ZIP	2731 NORTHEAST 14TH STREE POMPANO BEACH, FL 33062	ET CAUSEWAY		et address -st-zip							
TITLE	FONIFARO BEACIS, SE 33002	□ Delete	_	E					Change	Addition	
NAME	_	. La Deicie-	NAM	- 1		41 00701	000479 70501050	ついうし: : 1000(**300 0 4.41)U	
STREET ADDRESS				ET ADDRESS		05701	,0501030	י דעט נ	***300.0	,io	
CITY-S1-ZIP			CITY	-ST-ZIP							
TITLE	,	☐ Delete	TITL						Change	☐ Addition	
NAME STREET ADDRESS	i i			EET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITL	Ē			-		☐ Change	Addition	
NAME			NAM	-							
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP							
TITLE		☐ Delete	TITL				<u> </u>		☐ Change	Addition	
NAME		Doncte	NAM						- *	_	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP	<u> </u>			'-ST-ZIP					ATÉ AL		
12. I hereby certify that the information supplied with this filling 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 receive/ 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 chapter is a particular or the receiver of the corporation of the corpo											

LNDY LEE 2/16/05 954-759-7394

ORDINATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Despure Phone #