

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 26 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172007 REIN-P CR2E098 (1/07)

4. FEI Number **38-3672058** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

RAMKISSOON, CHRIS  
13440 NW 5TH COURT  
PLANTATION, FL 33325

## 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

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, 2008, 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** ☒ Delete  
NAME **ANDERSON, ISHWAR P**  
STREET ADDRESS **2759 ARROWWOOD COURT**  
CITY-ST-ZIP **DAVID, FL 33328-677**

TITLE **S,VP** ☒ Delete  
NAME **RAMKISSOON, CHRIS**  
STREET ADDRESS **13440 NW 5 COURT**  
CITY-ST-ZIP **PLANTATION, FL 33325**

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 **ISHWAR ANDERSON** ☒ Change ☐ Addition  
NAME **1884 HIBBS GROVE WAY**  
STREET ADDRESS **COOPER CITY, FL 33330**  
CITY-ST-ZIP

TITLE **CHRIS RAMKISSOON** ☒ Change ☐ Addition  
NAME **1124 E GARDENIA AVE**  
STREET ADDRESS **WESTON, FL 33332**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **600111401796**  
STREET ADDRESS **10/26/07--01059--016 \*\*150.00**  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:

*Ishtar Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/23/07* (305) 885-7874  
Date Daytime Phone #

REINSTATEMENT

2007