

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 10 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



12082004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000008502

1. Entity Name
AMERIKA OF HALLANDALE, INC.



Principal Place of Business Mailing Address

83700 W HALLANDALE BEACH BLVD 83700 W HALLANDALE BEACH BLVD
PEMBROKE PARK, FL 33023 PEMBROKE PARK, FL 33023

2. Principal Place of Business 3. Mailing Address

4299 WEST Hillsboro Blvd. 4299 WEST Hillsboro Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

COCONUT CREEK FL COCONUT CREEK FL

Zip Country Zip Country

33073 Broward 33073 Broward

4. FEI Number 16-1650060

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FLORES, ORESTES
10485 NW 132ND ST
HIALEAH GARDENS, FL 33016

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 _____ (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	PS FLORES, ORESTES 10485 NW 132ND ST HIALEAH, FL 33016 <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	600043330546 12/10/04--01035--007 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 12/08/04 305-634-6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #