



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034106						FILED 04 DEC -2 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name SOKY, INC.							
Principal Place of Business 3650 WHITE HALL DRIVE, SUITE 404 WEST PALM BEACH, FL 33401 7781 Lake Worth Rd Lake Worth Fl 33467		Mailing Address 3650 WHITE HALL DRIVE, SUITE 404 WEST PALM BEACH, FL 33401 7781 Lake Worth Rd. Lake Worth Fl 33467					
2. Principal Place of Business 7781 Lake Worth Rd.		3. Mailing Address 7781 Lake Worth Rd.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Lake Worth		City & State Lake Worth					
Zip 33467		Country P.B.		Zip 33467		Country P.B.	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name OSIN Kyle (Beer Belly's) Street Address (P.O. Box Number is Not Acceptable) 7781 Lake Worth Rd. City Lake Worth FL Zip Code 33467			
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 X OSIN Kyle <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OSIN, KYLE P <input type="checkbox"/> Delete 3650 WHITE HALL DRIVE, SUITE 404 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800043130708 12/02/04--01047--012 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRISTOFARO, SOSIO M <input type="checkbox"/> Delete 3650 WHITE HALL DRIVE, SUITE 404 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GERARD J Chachia <input type="checkbox"/> Delete 2730 S Dixie Hwy WPA FL 33405			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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/15/04 561 371 9911 <small>Date Daytime Phone #</small>			