19192

2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA		FILED 05 HAR -3 AM 9: 14				
DOCUMENT # P03000035629				FI	a: 11	ц	
1. Entity Name POMAIRE, INC.				OE WAR	-3 My 3.		-
				U3	AND STATE		
Principal Place	e of Business	Mailing Address		SECHEL	LASSEE, FLORIN	Jr	
800 PARK VIEW DR #418 800 PARK VIEW DR #418				12/27		- A71:	. O
HALLANDALE 	c, FL 33009	HALLANDALE, FL 33009		اراد ا	14 9022	2 076	130,00
Principal Place of Business 3. Mailing Address							
501 77 ST. 50		501 77 ST	501 77 ST.		1912		0) 3 (00)
I I		Suite, Apt. #, etc. B	•		REIN-P C	CR2E098 (6/04)	
		City & State	State AMI BEACH, FL.		90721		lied For
Zip Country Zip		Zip (Country	65-118 5. Certificate of		CO 75	Applicable ional
33141 USA 33141 U		JSA 	A Fee Required 7. Name and Address of New Registered Agent				
Name VPDCAPA CDTCTTAV							
VERGARA, CRISTIAN 731 N.W. 41 ST.				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33127				501 77 ST.			
, ,			City	MIAMI BEAC	~	FL Zip gage	41
8. The above named dntity submits this statement for the purpose of changing its registere							
the obligations of egistered apent.							
SIGNATURE Signature Subsection of printed name of registered agent and title if applications (NOTE: Registered Agent signature required when reinstating) DATE							
In accordance with s. 607.193(2)(b), F.S., the							
Fit	E NOW!!! FEE IS \$300.00				corporation did not re	ceive the prior no	tice.
10.	OFFICERS AND	DIRECTORS	11.	····	HANGES TO OFFICERS	AND DIRECTORS I	IN 11
TITLE NAME	PV VERGARA, CRISTIAN	☐ Delete		PV VERGARA, C	RISTIAN	X Change	☐ Addition
STREET ADDRESS	731 N.W. 41 ST.		STREET ADDRESS	501 77 ST.	# B		
TITLE	MIAMI, FL 33127	□ Delete	CITY-ST-ZIP TITLE	MIAMI BEAC	H, FL. 33		☐ Addition
NAME			HAME	6	000480		- :
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CITY-ST-ZIP						<u> </u>	5
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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 true e 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 abdress, with all other like empowered.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR PRESIDENT 02/23/2005 Date Date Date Date District Phone #							
	/ SIGNATURE AND TIPED ON T	Same of Statistic Officeryon o			Date	ызувле иполе #	}

SYLVIA ACCOUNTING SERV., INC.

1614 SW 1 ST. Miami, Fl. 33135 Ph: (305) 642-4949

Fax: (305) 642-4993

February 23rd, 2005.

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

RE: REINSTATEMENT OF POMAIRE, INC.

Dear Officer:

According with my conversation by phone on last Friday 11th with a lady in your office, We are sending to you the Reinstatement of Pomaire, Inc., a check of \$150.00 and a copy of a canceled check by your bank belong to the Annual Report of this Corporation filed on time (4/30/2004). At the same time we are requesting a waive to any additional fee in relation to this reinstatement, (Our client never received any notification by mail from your office requesting additional information of this Corporation, maybe it was lost in the Post Office.)

Please, I will appreciate you affix this mistake and reinstate this Corporation as soon as possible.

Thank you for your attention to this matter.

Sincerely,

Elizabeth Bremer

President