2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # P03000101113	_						
1. Entity Name							
ANNIE STURMAN, A D. INC.							



DOCUMENT # P03000101113 1. Entity Name ANNIE STURMAN- A.P., INC.						OLLOCT 29 PM L: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address 3870 SHERIDAN STREET 3870 SHERIDAN STREET SUITE C						8/04 		t	109 ^{\$} /		
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021				-			9 / & / 1411 4 11 111 1611		- []		
2. Principal Place of Business 3. Malling Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			· 10212004	REIN-P	CR2E098	(6/04)			
City & State		City & State				4. FEI Number	-09299	27		olied For Applicable	
Zip	Country	Zip Cour		try		5. Certificate of	Status Desired Status Desired Fee Required				
	6. Name and Address of Current	Registered Agent				7. Name and A	Address of New Re	egistered Ager	rt .		
STURMAN	I. ANNIE	·		Name							
	RIDAN ST.	·		Street Add	Iress (F	P.O. Box Number	is Not Acceptable)			
HOLLYWO	OOD, FL 33021										
	•			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											
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/0	CHANGES TO OFFI	CERS AND DIF	RECTORS	IN 11	
TITLE	P STURMAN, ANNIE	☐ Delete	TITLE NAM	· 1					Change	Áddition	
name Street address	·			ET ADDRESS		- 64° 64°					
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY	-ST-ZIP		·	5.00	FWII -	-		
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					٠		
12. I hereby indicated	I certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for true and accurate and that n	the exe	mption stated ture shall hav	d in Ser	ction 119.07(3)(i) same legal effect), Florida Statutes. I as if made under o	further certify to bath; that I am a	hat the in	formation or director	

indicated on this report of suppremental report is true and accurate and intal his signature shall have the same regal effect as in made under oath; that I am an officer or diffector 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.

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SECRETARY OF STATE
TALLAHASSEE FLORID

Annie Sturman A.P., Inc. 3870 Sheridan Street Suite C Hollywood, Fl. 33021

October 20, 2004

Gentlemen:

Re: 2004 Annual Report Document #P03000101113

I recently received your postcard which indicated that you were administratively dissolving my corporation. I called your offices and was told that my initial annual filing had been returned to me during May 2004 (but the \$150.00 check was cashed) because it did not have my Federal ID#. I was also told that prior mailings from the state had informed me that my annual report had not been filed. Please be advised that I or anybody in my office did not receive either of the two notices. I am respectfully requesting that you accept the following reinstatement report (which shows my federal ID#). Please apply my previous payment of \$150.00 to this report. (see attached photocopy of check) I would appreciate if you would send me a notice of reinstatement. If you have any questions, please contact me directly.

Sincerely

Unwe Sturman, A.P.
Annie Sturman, President