

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -1 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11012004 REIN-P CR2E098 (6/04)

4. FEI Number **43-2029390** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

MORON, MARCO
560 FALCON AVE
MIAMI, FL 33166

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, 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

TITLE PD
NAME MORON, MARCO ☐ Delete
STREET ADDRESS 560 FALCON AVE
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE SD
NAME ~~HERE~~, GLADYS **HERE** ☐ Delete
STREET ADDRESS 560 FALCON AVE
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☒ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS **700042606297**
CITY-ST-ZIP **11/09/04--01069--010 **150.00**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS **REINSTATEMENT**
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____