

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000107329

1. Entity Name  
CHRIS-TEES PROMOTIONS, INC.



Principal Place of Business  
4461 NE 15TH AVENUE  
OAKLAND PARK, FL 33334 US

Mailing Address  
4461 NE 15TH AVENUE  
OAKLAND PARK, FL 33334 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11152004

REIN-P

CR2E098 (6/04)

4. FEI Number

65-1208016

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHECKMARK SERVICES, INC.  
1975 EAST SUNRISE BOULEVARD  
524  
FORT LAUDERDALE, FL 33304

Name

Street Address (R.O. Box Number is Not Acceptable)

City

500054333425  
05/12/05--01061--019 \*\*150.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BAKER, CHRISTINE M  
STREET ADDRESS 4461 NE 15TH AVENUE  
CITY-ST-ZIP OAKLAND PARK, FL 33334

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTINA M BAKER 12/17/04 954-776-6143

FILED

05 MAY -4 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

