

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 21 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012005 REIN-P

CR2E098 (6/04)

MRS

DOCUMENT # P03000119045	
1. Entity Name 553 CORPORATION, INC.	



Principal Place of Business 600 OAK AVE SANFORD, FL 32771	Mailing Address 600 OAK AVE SANFORD, FL 32771
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2. Principal Place of Business <i>5200 NE 33rd AVE.</i>	3. Mailing Address <i>5200 NE 33rd AVE.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Ft. Lauderdale FL.</i>	City & State <i>Ft. Lauderdale FL.</i>
Zip <i>33308</i>	Zip <i>33308</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <i>16-1686773</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOAR, LACY K 600 OAK AVE SANFORD, FL 32771	
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7. Name and Address of New Registered Agent Name <i>GARY SPANIK SR.</i> Street Address (P.O. Box Number is Not Acceptable) <i>5200 NE 33rd AVE.</i> City <i>Ft. Lauderdale</i> FL <i>33308</i>	
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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 <i>[Signature]</i>	DATE <i>2/23/05</i>

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT *04-05*

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOAR, LACY K 600 OAK AVE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres D</i> <i>GARY SPANIK SR.</i> <i>5200 NE 33rd AVE.</i> <i>Ft. Lauderdale FL. 33308</i> <input checked="" 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	<i>000049935560</i> <i>04/05/05--01089--003 **908.75</i> <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
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 <i>[Signature]</i>	DATE <i>2/23/05</i> DAYTIME PHONE <i>934 648 2013</i>