

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 28 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/04/04 90163 008



03282005 REIN-P CR2E098 (6/04)

4. FEI Number **52 241 3258** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOWE, DOUKISSA M
304 WEST LIME STREET
TARPON SPRINGS, FL 34689

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **HARLAN, BRUCE M**
STREET ADDRESS **2963 GULF TO BAY BLVD. SUITE 265**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **400054205974**
STREET ADDRESS **05/10/05--01041--019 **150.00**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: Bruce M. Harlan Date 727 488-3056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE M. HARLAN
ATTORNEY AT LAW
PIONEER CENTER
29296 U.S. 19 NORTH, SUITE 202
CLEARWATER, FLORIDA 33761

BRUCE M. HARLAN

TELEPHONE (727) 772-9996
FAX (727) 789-9988
E-MAIL BHARLANESQ@AOL.COM

4-22-05

Dear Sir,

I filed the corporate return on time but failed to include the FEI number. It was not until I called your office that I discovered the corporation had been dissolved. I did not receive a notice regarding my failure to put the FEI number on the Annual Report.

