2005 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | 7. C. | 0 | |
|--|--|--|-------------------|---|--------------------------------------|---------------------|
| DOCUMENT # P03000136 | | | Chan 3 | | , | |
| 1. Entity Name C & K LIMITED, INC | | | | 100 m | ھ ج | - |
| | · | | | A CO | . | |
| Principal Place of Business | Mailing Address | P63 | | <i>♥</i> */***** * * / * / * * * * * * * * * * * * * | FOR H | -85 |
| 3711 SW 207TH ST Suite 207 | 37 11 SW 207TH ST" SUITE 207 | RE | 30000 | egipte. | He L | |
| DAVIE, FL 33314 | DAVIE, FL 33314 | 0.000 | | | In 1888 anns anns anns anns anns | |
| 2. Principal Place of Business | 3. Mailing Address | 2000 | | | | |
| Suite, Apt. #, etc. | 3733 NE & | 00 37 | 03292005 | REIN-P | CR2E098 (6/0 | 4) |
| City & State | City & State | | 4. FEI Numbe | | CHZEU90 (0/0 | Applied For |
| City & State | AUGINTUM | Fc | J6- | 4177-2 | 4 | Not Applicable |
| Zip Country | Zip 33/80 1. | Country DA-0 C | 5. Certificate | of Status Desired | ☐ \$8.75 / Fee Requ | Additional iired |
| 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New R | legistered Agent | |
| FREEMAN, RONALD Name | | | | | | |
| 3733 NE 208TH ST AVENTURA, FL 33180 | Street Address (| Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | |
| | | City | | | FL Zip C | ode |
| 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 A LAMA WILL 4-4-01 | | | | | | |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when refinitating) DATE | | | | | | |
| FILE NOW!!! FEE 18 \$200.00 | | | | In accordance v | with s. 607.193(2)(l |), F.S., the |
| FILE NOW!!! FEE IS \$300.00 | | | | corporation did | not receive the pri | or notice. |
| 10. OFFICERS AND | DIRECTORS Delete | 11. | ADDITIONS/ | CHANGES TO OFF | ICERS AND DIRECTO | |
| NAME . Para a Face | | NAME | 20 | 000513 | | |
| CITY-ST-ZIP 3733 NE 2087 | 8 | STREET ADDRESS CITY-\$T-ZIP | 04/20 | 70501011 | 3 5080 2 019 **30 | .oo.od |
| STREET ADDRESS CITY-ST-ZIP TITLE AUGUSTATIONS, FR. | 3310 0 Delete | TITLE | | | Chang | e 🔲 Addition |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | | | |
| CHY-ST-ZIP | | CITY-ST-ZIP | | | | |
| NAME - TURE TURBURN | ☐ Delete | TITLE NAME | | | Chang | e 🗌 Addition |
| STREET ADDRESS TOWNTON ! | one | STREET ADDRESS | | | | |
| NAME STREET ADDRESS CILY-SI-ZIP TITLE NAME STREET ADDRESS WESTON A 3 | Delete | CITY-ST-ZIP. | | | ☐ Chang | e |
| NAME WESTEN FC 3 | 3326 | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | Delete | TITLE | | | ☐ Chang | e 🔲 Addition |
| NAME STREET ADDRESS | | NAME STREET ADDRESS | | | | |
| City-St-ZiP | | CITY-ST-ZIP | | | | |
| TITLE NAME | ☐ Delete | TITLE NAME | | | ☐ Chanç | e [] Addition |
| STREET ADDRESS CITY-ST-ZIP | / I | STREET ADDRESS CITY-ST-ZIP | | | | |
| | his filing does not qualify for the | t | action 119.07(3)(| i), Florida Statutes. | I further certify that th | e information |
| 12. I hereby certify that the information supplied with his 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 tree 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 trusted 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 attac/ment with an address, with all other like empowered. | | | | | | |
| 1 -4-5 grun 222 | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | Daytime Phone | |