## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138926  1. Entity Name CORPORATE SERVICES OF SOUTH FLORIDA, INC.								04 DEC	LED 29 AM	9: 34	u•
Principal Place 1840 W 49Th HIALEAH, FL	1 ST., SUITE		Mailing Address 1840 W 49TH ST., SUI HIALEAH, FL 33012	840 W 49TH ST., SUITE 220-1				SECRET TALLAH			81 <b>66</b> (1 1 <b>69</b> )
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				11292004	REIN-P	CR2	E098 (6/04)	<u></u> ,
City & State			City & State				4. FELNumber	0 Z	6439	. ◢ ├──	oplied For ot Applicable
Zip Country			Zip	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required						
		Name		7. Name and	Address of Ne	w Registered	Agent				
RICARDO, MARLENE 1840 W 49TH ST., SUITE 220-1 HIALEAH, FL 33012					Street Address (P.O. Box Number is Not Acceptable)						
					City				FI	Zip Cod	8
		ty submits this statement for stered agent.	the purpose of changing it	s register	ed office or r	egister	ed agent, or bo	th, in the State o	of Florida. I an	n familiar with,	and accept
SIGNATURE_	Signature, types	d of printed name of registered agent a	and title if applicable. (NO	TE: Register	red Agent elignat:	ure requi	ed when reinstating)		DATE		
		FEE IS \$150.00 005, Fee will be \$300.00	0						ice with s. 60 did not recei		
10.	T _	OFFICERS AND I	<del></del>	11,			ADDITIONS	CHANGES TO	OFFICERS AN	<del></del>	S IN 11
TITLE NAME STREET ADDRESS		O, MARLENE 19TH ST., SUITE 220-1	☐ Delete	nan Str		51	رمام ا	<i>l.</i> 0	1070T	☐ Change	Addition
CITY-ST-ZIP	HIALEAH	I, FL 33012	Пол		Y-ST-ZIP	$\mathcal{L}$	דעיוכ		POUL	7 04	
TITLE NAME STREET ADDRESS	i i		□ Delete		ae Eet aodress					☐ Change	☐ Addition
CITY-ST-ZIP TITLE			☐ Defete	CIT	Y-ST-ZIP E	•		a 1807 82 13 PA	FART	ZNIhapge	Addition
NAME STREET ADDRESS CITY-ST-ZIP					AE EET ADORESS Y-ST-ZIP	RE	INST/	AIEW		- 104	₩A.
TITLE			Delete		E 3.			<del></del>			Additi pa 6
NAME STREET ADDRESS CITY-ST-ZIP					ME REET ADDRESS Y+ST+ZIP					$\sim$	5 124
TITLE			☐ Delete	TIT						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					REET AODRESS Y+ST+ZIP						
TITLE			☐ Delete	TITI NAV						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STF	REET ADDRESS Y+ST-ZIP						
12. I hereby certify that the information supplied with this filling 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:											
1		SIGNATURE AND TYPED OR P	PRINTED NAME OF SIGNING OFFICE	R OR DIREC	CTOR			Date		Daytime Phone #	

ZeelZ

## CORPORATE SERVICES OF SOUTH FLORIDA, INC.

1840 W. 49<sup>TH</sup> ST., HIALEAH, FLORIDA 33012 OFFICE (305) 829-1041 FAX (305) 824-4997

December 27, 2004

Uniform Business Report Division of Corporation P.O. Box 1500 Tallahassee, Florida 32302-1500

Ref:

Corporate Services of South Florida, Inc.

Document # P03000138926

To Whom It May Concern:

Please be advised that I never received a letter from you stating that the Corporation as mentioned-above was being rejected for corrections.

We are requesting that you waive the reinstatement filing fees and correct the status of the Corporation to Active. Please see Federal I.D. number listed on annual report.

If you have any questions, please feel free to contact me at my office at (305) 829-1041.

Sincerely,

Marlene Ricardo