

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000147656

1. Entity Name
CK SYSTEMS, INC.



Principal Place of Business
10800 BISCAYNE BLVD STE #820
N MIAMI, FL 33161

Mailing Address
10800 BISCAYNE BLVD STE #820
N MIAMI, FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 REIN-P

CR2E098 (6/04)

4. FEI Number

20-1391399

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

BERDOUARE, CHRISTIAN
10800 BISCAYNE BLVD STE #820
N MIAMI, FL 33161

Name

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

City

FL

Zip Code

REINSTATEMENT

04-05

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-2004

DATE

FILE NOW!! FEE IS \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
BERDOUARE, CHRISTIAN
10800 BISCAYNE BLVD STE #820
N MIAMI, FL 33161 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BERDOUARE, CHRISTIAN
10800 BISCAYNE BLVD STE #820
N MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100044629991 ☐ Change ☐ Addition
01/12/05--01046--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100044629991 ☐ Change ☐ Addition
01/12/05--01046--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2004

Date

305-892-7878

Daytime Phone #