

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000003959

1. Entity Name
BECKER A LOOR INC.



FILED

05 NOV 30 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3028 SEVILLE STREET
4
FORT LAUDERDALE, FL 33304

Mailing Address

3028 SEVILLE STREET
4
FORT LAUDERDALE, FL 33304

2. Principal Place of Business

4800 MAILAND DR
Suite, Apt. #, etc.

3. Mailing Address

4800 MAILAND DR.
Suite, Apt. #, etc.



11092005

REIN-P

CR2E098 (6/04)

City & State

TAMARAC FLA

City & State

TAMARAC FLA.

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

650532278

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOOR, BECKER A
3028 SEVILLE STREET
4
FORT LAUDERDALE, FL 33304

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

Becker A. Loor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-21-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P.D. LOOR, BECKER A ☐ Delete
STREET ADDRESS 3028 SEVILLE STREET APARTMENT 4
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME BECKER A. LOOR ☒ Change ☐ Addition
STREET ADDRESS 4800 MAILAND DR.
CITY-ST-ZIP TAMARAC FLA, 33319

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700061793487
CITY-ST-ZIP 11/30/05--01040--008 **150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100061793441
CITY-ST-ZIP 11/30/05--01040--008 **8.75

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Becker A. Loor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-05

Date

Daytime Phone #

954-6478818