

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000024048	
1. Entity Name BLING BLING & THINGS INC.	



FILED

05 NOV 16 PM 10: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business MILLENNIUM CITY PL 280 SW 56 TER #106 MARGATE, FL 33068	Mailing Address MILLENNIUM CITY PL 280 SW 56 TER #106 MARGATE, FL 33068
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2. Principal Place of Business 5085 SW 7th Ct Suite, Apt. #, etc.	3. Mailing Address 5085 SW 7th Ct Suite, Apt. #, etc.
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REINSTATEMENT 05

City & State Margate Florida	City & State Margate Florida
Zip 33068	Zip 33068
Country Broward	Country Broward

11142005 48 Fee Number 65-1221511	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WOOD, CARNIEL(SP) 280 SW 56 TER #106 MARGATE, FL 33068	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>11/14/05</u> (NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>11/14/05</u> (954) 975 9565 Date Daytime Phone #