

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAR 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000030488

1. Entity Name
LAUDERHILL TITLE CARE, INC.



Principal Place of Business
4710 NW 17 CT
LAUDERHILL, FL 33313

Mailing Address
4710 NW 17 CT
LAUDERHILL, FL 33313



REINSTATEMENT

CR2E098 (11/05)

05-06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

SINCLAIR, DAWN
4710 NW 17 CT
LAUDERHILL, FL 33313

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

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

(NOTE: Registered Agent signature required when reinstating)

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
DPT
SINCLAIR, DAWN
4710 NW 17 CT
LAUDERHILL, FL 33313 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
PHILLIPS, LEITH M
2850 NW 36 AVE
FT LAUDERDALE, FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500068942455
03/29/06--01013--007 **300.00 ☐ 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

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 exemptions contained in Chapter 119, 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: Dawn Sinclair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/27/05 Daytime Phone #

2 of 2

December 16, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reinstatement/Recorporation , P04000030488

To Whom It May Concern:

I Dawn Sinclair didn't receive my renewal. I have been waiting for a bill and never receive one. I had my friend to go on the computer and was surprise to find out that my business was close.

I try to call many time but was told to put in my credit card but I didn't know how much I owe or what to do. I had my friend to use a credit card and found out that I needed to pay \$150.00 to restate my business.

Maybe if you send a bill to me it must have getting lost in the mail. Enclose is my restatement fee \$150.00.

If you have any more question please feel free to contact me at (954) 816-7054 cell

Thank you,

Dawn Sinclair

Dawn Sinclair