

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000060529**

1. Entity Name  
ONE OF A KIND BAR INC.



Principal Place of Business  
8901 NW 22ND AVENUE  
MIAMI, FL 33147

Mailing Address  
8901 NW 22ND AVENUE  
MIAMI, FL 33147

2. Principal Place of Business - No P.O. Box #  
10510 NW 31ST AVE

3. Mailing Address  
10510 NW 31ST AVE

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL 33147

Zip  
33147

Country  
HAWAII

Zip  
33147

Country  
HAWAII

6. Name and Address of Current Registered Agent

ARTIS, EARLIE H  
10510 NW 31ST AVENUE  
MIAMI, FL 33147

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: *Earlie H. Artis*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARTIS, EARLIE H	
STREET ADDRESS	10510 NW 31ST AVENUE	
CITY - ST - ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

600131991656

06/30/08--01036--003 \*\*\*308.75

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: *Earlie H. Artis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUN 30 PM 1:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

06282008 REINPT CR2E098 (1/07) 07-08