2098 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						, cuen			
DOCUMENT # P04000070875						FILED			
1. Entity Nam						08 FEB 1	1 PM 3:	46	
							ov ne sta	ATE.	
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3400 EAST LAS OLAS BLVD 3400 EAST LAS OLAS BLV			LVD			IALLAIN			
SUITE H-425 FT. LAUDERI	DALE, FL 33301	SUITE H-425 FT. Lauderdale, FL 33301							
							 		
	Place of Business - No P.O. Box # N.E. 11th Court	3. Mailing Address 2521 N.E. 11th Court							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		COUL	02062008	REIN-P	CR2E098	(1/07)	
City & Stat	City & State	2		4. FEI Numb			Applied For		
	uderdale. FL	Ft. Lauderdale. F		FL.	20-113			Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		75 Additional	
33304	USA 6. Name and Address of Current	33304 Registered Agent	_US/	}	7. Name and	Address of New R		Required	
				Name					
FREDERICK, CHRISTOPHER					derick, Christopher Address (P.O. Box Number is Not Acceptable)				
2400 EAST LAS OLAS BLVD SUITE H-425					2521 N.E. 11th Court				
FT. LAUDERDALE, FL 33301									
				City F.t.	Lauderdale 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.									
the obligat	tions of registered agent.								
SIGNATURE Signature, typical or printing name of registered agent and fille 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		11.		ADDITIONS	CHANGES TO OFF			
TITLE NAME	PSTD FREDERICK, CHRISTOPHER	☐ Delete	TITLE		PSTD		_	Change Addition	
STREET ADDRESS	169 FIESTA WAY			ET ADDRESS	Frederic			-	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY	-ST-ZIP	2521 N.E.			- 	
TITLE NAME		☐ Delete	TITLE			-		· -	
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CITY-S1-ZIP			CITY	- \$1 - ZIP	0271	17080104	გUI3 1	**300.00	
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HILE		☐ Delete	1111	ì				Change	
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NAME			NAM	E Et address			() ()	VMV	
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			\sim $/$	W''	
TITLE		☐ Delete	TITL				₽	Charge	
NAME			MAM				1	1) l	
STRLET ADDRESS CITY-ST-ZIP				ET ADDRESS -S1-ZIP					
	certify that the information supplied with								
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 gaher like smoowered.									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

954 - 850 - 2700