

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 31 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000080446

1. Entity Name
CLIMAX EVENT, INC.



Principal Place of Business
1110 NORTHWEST 80TH AVENUE
SUITE 205
MARGATE, FL 33063

Mailing Address
1110 NORTHWEST 80TH AVENUE
SUITE 205
MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3820 NW 90th Way
Sunrise FL

4. Suite, Apt. #, etc.
3820 NW 90th Way
Sunrise FL

5. Suite, Apt. #, etc.
Sunrise FL

6. Zip
33351

Country

7. Zip
33351

Country

01122007 REIN-P CR2E098 (1/07)

4. FEI Number
51-0509424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODMAN, CARY
1110 NW 80TH AVE
SUITE 205
MARGATE, FL 33063

Cary Rodman

7. Name and Address of New Registered Agent

Name
CARY RODMAN
Street A
3820 NORTHWEST 90TH WAY
City
SUNRISE, FL 33351
FL 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 \$900.00

900087357239
02/05/07--01010--021 **900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
RODMAN, CARY A
1110 NORTHWEST 80TH AVENUE
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARY RODMAN
3820 NORTHWEST 90TH WAY
SUNRISE, FL 33351 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT *02-07*

02/1/07