

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 05

05 DEC 13 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12072005 REIN-P CR2E098 (6/04)

4. FEI Number **20-1256501** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASSEUS, JEANSLO
18520 N W 67TH AVENUE
B 118
HIELEAH, FL 33015

7. Name and Address of New Registered Agent

Name **Jeanslo Casseus**
Street Address (P.O. Box Number is Not Acceptable)
18520 Nw 67 Ave B118
City **Hialeah** FL Zip Code **33015**

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 **Jeanslo Casseus**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CASSEUS, JEANSLO**
STREET ADDRESS **18520 N W 67TH AVENUE B 118**
CITY-ST-ZIP **HIELEAH, FL 33015**

TITLE **SEC** ☐ Delete
NAME **CASSEUS, JEANSLO**
STREET ADDRESS **18520 N W 67TH AVENUE B 118**
CITY-ST-ZIP **HIELEAH, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME **400062121264**
STREET ADDRESS **12/13/05--01036--018** ****150.00**
CITY-ST-ZIP

☐ Change ☐ Addition
NAME **400062121264**
STREET ADDRESS **12/13/05--01036--019** ****8.75**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Jeanslo Casseus**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/8/05** Daytime Phone #