


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000098113</b> 1. Entity Name <b>SPECIALTY IMPORTS, INC.</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>05 OCT -6 AM 8:47</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>2412 LIELA LEE CT</b> <b>OCOE, FL 34761</b>				Mailing Address <b>2412 LIELA LEE CT</b> <b>OCOE, FL 34761</b>			
2. Principal Place of Business <b>4701 SW 45th B-5-12</b> Suite, Apt. #, etc.		3. Mailing Address <b>4701 SW 45th B-5 B-12</b> Suite, Apt. #, etc.					
City & State <b>DAVIE, FLORIDA</b>		City & State <b>DAVIE, FLORIDA</b>		4. FEI Number <b>20-1309602</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33314</b>		Country <b>USA</b>		Zip <b>33314</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10032005    REIN-P    CR2E098 (6/04)			
6. Name and Address of Current Registered Agent  <b>RASHEED, THERESA</b> <b>8540 NORTH SHERMAN CIR</b> <b>12207</b> <b>MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				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 <b>P</b> <input type="checkbox"/> Delete NAME <b>RASHEED, THERESA</b> STREET ADDRESS <b>8540 NORTH SHERMAN CIR # 12207</b> CITY-ST-ZIP <b>MIRAMAR, FL 33025</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>900060310009</b> CITY-ST-ZIP <b>10/06/05--01063--019 **150.00</b>			
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>MOHAMMED, SHAUGHN S</b> STREET ADDRESS <b>11598 LAUREEL VALLEY CIRCLE</b> CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>REINSTATEMENT</b> CITY-ST-ZIP <b>05</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <b>X</b> <i>Shaughn S. V.P</i> <b>03 Oct 05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							