

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000098113

1. Entity Name
SPECIALTY IMPORTS, INC.



Principal Place of Business
2412 LIELA LEE CT
OCOEE, FL 34761

Mailing Address
2412 LIELA LEE CT
OCOEE, FL 34761

2. Principal Place of Business
4701 SW 45ST B-5-12

3. Mailing Address
4701 SW 45st B-5 B-12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

Zip
33314

Country
USA

Zip
33314

Country
USA

10032005 REIN-P CR2E098 (6/04)

4. FEI Number
20-1309602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RASHEED, THERESA
8540 NORTH SHERMAN CIR
12207
MIRAMAR, FL 33025

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME RASHEED, THERESA
STREET ADDRESS 8540 NORTH SHERMAN CIR # 12207
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE Change Addition
NAME 900060310009
STREET ADDRESS 10/06/05-01063--019 **150.00
CITY-ST-ZIP

TITLE V Delete
NAME MOHAMMED, SHAUGHN S
STREET ADDRESS 11598 LAUREL VALLEY CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE Change Addition
NAME REINSTATEMENT
STREET ADDRESS 05
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 OCT -6 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

