

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 SEP 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282007 REIN-P CR2E098 (1/07)

DOCUMENT # P04000137807

1. Entity Name
CHANDY AND SON, INC.



Principal Place of Business Mailing Address

**3408 NE 169TH STREET
NORTH MIAMI BEACH, FL 33160** **PO BOX 613812
MIAMI, FL 33261**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

780 NE 122st #6 **780 NE 122st**

Suite, Apt. #, etc. #6 Suite, Apt. #, etc. #6

City & State City & State

N-Miami FL **N-Miami FL**

Zip Country Zip Country

33161 **Dad** **33161** **Dad**

4. FEI Number Applied For

38-3713234 No; Applicable

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

6. Name and Address of Current Registered Agent

**YIM, CHANDY
3408 NE 169TH STREET
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name **CHANDY YIM**

Street Address (P.O. Box Number is Not Acceptable)
780 NE 122st #6

City **N-Miami** FL Zip Code **33161**

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 09-13-07 DATE

Signature (typed or printed name of registered agent and title 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 DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input checked="" type="checkbox"/> Delete |
| NAME | YIM, CHANDY |
| STREET ADDRESS | 3408 NE 169TH STREET |
| CITY - ST - ZIP | NORTH MIAMI BEACH, FL 33160 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | YIM CHANDY |
| STREET ADDRESS | 780 NE 122st #6 |
| CITY - ST - ZIP | N-Miami FL 33161 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | RH |
| STREET ADDRESS | 09-07 |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 200109555222 |
| STREET ADDRESS | 09/18/07--01014--008 **308.75 |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

REINSTATEMENT

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, or an other title empowered.

SIGNATURE: 9-3-7 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #