

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

# FILED

2005 OCT 24 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10192005 REIN-P CR2E098 (6/04)

 4. FEI Number **20-1928894** Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

 TRIPP, TAMMY M  
 5617 NW 79 WAY  
 PARKLAND, FL 33067

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 ☐ Delete  
 NAME P  
 STREET ADDRESS TRIPP, TAMMY M  
 CITY-ST-ZIP 5617 NW 79 WAY  
 PARKLAND, FL 33067

 TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS CUNY, ROBERT B  
 CITY-ST-ZIP 5617 NW 79 WAY  
 PARKLAND, FL 33067

 TITLE ☐ Delete  
 NAME S/T  
 STREET ADDRESS TRIPP, SANDRA J  
 CITY-ST-ZIP 6800 NW 39TH AVE # 324  
 COCONUT CREEK, FL 33073

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 100060897171  
 CITY-ST-ZIP 10/24/05--01055--025 \*\*\$150.00

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

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

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

 TITLE ☐ Change ☐ Addition  
 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)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/05 954-757-1463

10/26/05