

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -9 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



03052007 REIN-P CR2E098 (1/07)

4. FEI Number 20-23 70218 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SAMNARINE, NICOLE
1083 SW 134 COURT
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name HINKUMARI JEWAT
Street Address (P.O. Box Number is Not Acceptable) 1802 N. UNIVERSITY DR.
SUITE 102
City PLANTATION FL Zip Code 33322

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 X Hinku Jewat

2/28/06

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	P	<input type="checkbox"/> Delete
NAME	JEWAT, HINKUMARI	
STREET ADDRESS	1083 SW 134 COURT	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TITUS, ANGELA	
STREET ADDRESS	1083 SW 134 COURT	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	S,T	<input checked="" type="checkbox"/> Delete
NAME	SAMNARINE, NICOLE	
STREET ADDRESS	1083 SW 134 COURT	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWAT, HINKUMARI	
STREET ADDRESS	1802 N. UNIVERSITY DR #102	
CITY-ST-ZIP	PLANTATION, FL 33322	
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		

01/03/07 01024 005 \$150.00

02/23/07 01040 002 \$150.00

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, with all other like empowered.

SIGNATURE: X Hinku Jewat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 (934) 918-9786
Date Daytime Phone #

7C 3/13



February 09, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Dissolution Dept.

Ladies and Gentlemen:

We did not receive the 2006 Annual Report. On December 29, 2006, we sent via overnight courier, a letter of explanation and a money order in the amount of \$150.00. Attached please find check in the amount of \$150.00 along with a completed and executed 2007 For Profit Corporation Reinstatement. Request is hereby made to reinstate the corporation and to waive any late fees. Thanking you in advance for your immediate attention.

Sincerely,

HINKUMARI JEWAT
President

Attachments