

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 14 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *06-07*



02132007 REIN-P CR2E098 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A JR
2929 E. COMMERCIAL BLVD.
PENTHOUSE AB
FT. LAUDERDALE, FL 33308

Vecchio

7. Name and Address of New Registered Agent

Name JOSEPH A. VECCHIO, JR.

Street Address (P.O. Box Number is Not Acceptable)

3000 N. University Dr. - Suite I

City CORAL SPRINGS

FL

Zip Code 33065

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)

2/13/07

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
NAME MARCARIO, JOSEPH ☐ Delete
STREET ADDRESS 2929 E. COMMERCIAL BLVD. PH-AB
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME JOSEPH MARCARIO
STREET ADDRESS 3000 N. University Dr. - Suite I
CITY-ST-ZIP Coral Springs, Florida 33065

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

TITLE ☐ Change ☐ Addition
NAME 100088982061
STREET ADDRESS 02/22/07--01001--011
CITY-ST-ZIP **308.75

TITLE ☐ Change ☐ Addition
NAME
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 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:

Jose Marcario

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

954-510-7484

Date

Daytime Phone #

jc 2/16