

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR . 8 PH 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



03052007 REIN-P CR2E098 (1/07)

4. FEI Number 59-3815336 Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

MAHADEO, TONY  
6451 SW 15 COURT  
N LAUDERDALE, FL 33068

## 7. Name and Address of New Registered Agent

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 \$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 \_\_\_\_\_  
NAME MAHADEO, TONY ☐ Delete  
STREET ADDRESS 6451 SW 15 COURT  
CITY-ST-ZIP N LAUDERDALE, FL 33068

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
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CITY-ST-ZIP \_\_\_\_\_

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NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Delete  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS 300093251653  
CITY-ST-ZIP 03/16/07--01011--020 \*\*300.00

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

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

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NAME \_\_\_\_\_ ☐ Change ☐ Addition  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ ☐ Change ☐ Addition  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203/12