

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000109290

1. Entity Name
1999, INC.



FILED
06 NOV 30 PM 12:49
TALLAHASSEE, FLORIDA

Principal Place of Business
1550 NE MIAMI GARDENS DR
N MIAMI BCH, FL 33179

Mailing Address
1550 NE MIAMI GARDENS DR
N MIAMI BCH, FL 33179



2. Principal Place of Business

3. Mailing Address

1550 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 305

City & State

City & State

N MIAMI BEACH FL

Zip

Country

Zip

Country

33179

USA

10202006

REIN-P

CR2E098 (11/05)

06

4. FEI Number
54-2180106

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

ROSEN, GENE S
1550 NE MIAMI GARDENS DR
N MIAMI BCH, FL 33179

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

Gene S. Rosen GENE S. ROSEN

10/21/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT / DIRECTOR
MARIE TSAKRIS
1550 NE MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
300082170204
11/30/06--01032--001 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
10/12/06

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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

Marie Tsakris MARIE TSAKRIS, PRESIDENT

Date

11/28/06

Daytime Phone #

305-949-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR