


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000143844		
1. Entity Name O.G.'S CORNER URBAN WARE, INC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -5 PM 2:04

Principal Place of Business 3110 NW 88 AVE 2192 W OAKLAND AVE 407 OAKLAND FL 33311 SUNRISE, FL 33351	Mailing Address 3110 NW 88 AVE 2192 W OAKLAND AVE 407 OAKLAND FL 33311 SUNRISE, FL 33351
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AZAR, GEORGE 3440 NW 88 AVE 407 SUNRISE, FL 33351 <i>Azar George</i> <i>9553 NW 8 Circle</i> <i>Plantation - FL 33324</i>		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete AZAR, GEORGE 3440 NW 88 AVE #407 SUNRISE, FL 33351 <i>9553 NW 8 Circle</i> <i>Plantation FL 33324</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700155467437 05/05/09--01041--031 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George Azar*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/09

Date

Daytime Phone #

HERE