

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL 30 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



04262007 REIN-P CR2E098 (1/07)

4. FEI Number **26-0274319** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

BENJAMIN, CHRISTOPHER E  
610 NW 183RD STREET  
SUITE 202  
MIAMI GARDENS, FL 33169

## 7. Name and Address of New Registered Agent

Name **THE BARRISTER LAW OFFICE, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**610 NW 183 ST., STE. 202A**  
City **MIAMI GARDENS** FL Zip Code **33169**

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

7/26/07

**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 **CEO** ☐ Delete  
NAME **BENJAMIN, CHRISTOPHER E**  
STREET ADDRESS **610 NW 183RD STREET, SUITE 202**  
CITY-ST-ZIP **MIAMI GARDENS, FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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

☐ Change ☐ Addition  
**200106920182**  
**07/30/07--01054--002 \*\*300.00**

☐ Change ☐ Addition  
**REINSTATEMENT**

**06-07** ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/07 (305) 690-9356  
Date Daytime Phone #