

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12022008 REIN-P CR2E098 (1/07)

4. FEI Number **83-0484498** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

SORIA, DAVID DR.
65 NE 4 AVENUE
SUITE E
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
Wayne Horwitz, C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
800 Corporate Drive
Suite 310
City
Fort Lauderdale FL Zip Code
33334

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] **CIA** (NOTE: Registered Agent signature required when reinstating) DATE **12-2-08**

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SORIA, DAVID DR.**
STREET ADDRESS **65 NE 4 AVENUE SUITE E**
CITY - ST - ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **300138688043**
STREET ADDRESS **12/08/08--01040--021** ****750.00**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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] **12-5-08** **561-866-6444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #