## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000008169  1. Entity Name SYMMETRICAL STAIR, INC.						06 OCT -3 AM 8: 13				
Principal Place of Business 2119 PARK CENTRAL BLVD POMPANO BEACH, FL 33064 US		2	Mailing Address 2119 PARK CENTRAL BLVD POMPANO BEACH, FL 33064 US			SECTION FLORIDA				
Principal Place of Business     3.			Mailing Address							
Suite, Apt, #, etc.			Suile, Apt, #, etc			09282006	REIN-P	CR2E0	98 (11/05)	
City & State			City & State			4. FEI Number Applied For 65-0557223 Net Applica				
Zip	Country		Zip Country			5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  BDB AGENT CO 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486  8. The above named entity submits this statement for the purpose of changing its register					7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City Code  FL Zip Code  FL Zip Code  Furd office or registered agent, or both, in the State of Florida. Lam familial with, and accept					
the obligations of registered agent.  SIGNATURE  Signature, typed or privise name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when relinatating)  DATE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00							In accordance v corporation did			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PS CHEPONIS, A J 2119 PARK CENTRAL BL POMPANO BEACH, FL 3		☐ Delete	11. THLE HAME STREET ADDRESS CITY-ST-ZIP	Ρ,	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Delefe IIII CHEPONIS, MINDY HAN 2119 PARK CENTRAL BLVD NORTH SIF POMPANO BEACH, FL 33064					3) 10/0	00080- 3/0601053	<b>414</b> : 3013	□ Change <b>Э□З</b> **150	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST+ZIP			Delete	TITLE HAME STREET ADDRESS CITY ST ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dølete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Deiete	TITLE HAME STREET ADDRESS CHY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
12. Thereby 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 information 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 of the receiver of the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of th										
SIGNATURE:  SIGNATURE AND TYPING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Displace Prints a										