# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 11, 2004**
**Secretary of State**

DOCUMENT# P96000041391

**Entity Name:** FLORIDA SUNBREAK, INC.

**Current Principal Place of Business:**

90 ALTON RD.
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

855 COLLINS AVE.
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number: 65-0667941** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FRONTAL, RAUL
855 COLLINS AVENUE
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SQUIRE, WILLIAM P III
Address: 140 JEFFERSON AVE #14009
City-St-Zip: MIAMI BCH, FL

Title: V ( ) Delete
Name: PEARLSTONE, JUSTIN P
Address: 18945 NE 30TH PLACE
City-St-Zip: AVENTURA, FL 33160

Title: S ( ) Delete
Name: LICHERANN, DIANE
Address: 1995 NE 38 CT STE 2904
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SQUIRE P 10/11/2004

Electronic Signature of Signing Officer or Director Date