2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P97000038609 80 III MA OI VON 80 BERNSTEIN MANAGEMENT, INC. SCORE IA COUT STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5500 NW 69TH AVE 5500 NW 69TH AVE APT# 479 APT #479 LAUDERHILL, FL 33319-7266 LAUDERHILL, FL 33319-7266 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 102REINSTATEMENT98 (1/07) City & State City & State 65-0752692 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 3107 STIRLING RD. SUITE 105 FORT LAUDERDALE, FL 33312 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSTD ☐ Delete TITLE TITLE ☐ Change ☐ Addition **400137794**11/10/08--01062--015 NAME BERNSTEIN ELORENCE N NAME **150.00 5500 NW 69 AVENUE, APT. 479 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 333197254 CITY-ST-ZIP Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. <u>የ</u>ረል Daytime Phone