

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 14 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081493

1. Entity Name
E.G.T. SALES & MARKETING, INC.



Principal Place of Business
17555 COLLINS AVENUE
SALES OFFICE
SUNNY ISLES BEACH, FL 33160

Mailing Address
17555 COLLINS AVENUE
SALES OFFICE
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business
3. Mailing Address
17555 Collins Avenue

Suite, Apt. #, etc.
#2801

City & State
Sunny Isles Beach, FL

Zip
33160



REINSTATEMENT

CR2E098 (6/04)

04-05

4. FEI Number
65-0768149

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

6. Name and Address of Current Registered Agent
GIL, YOSI
17555 COLLINS AVENUE
#2801
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GIL, YOSI ONE SE THIRD AVENUE, SUITE 2130 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NATIV, YITZHAK ONE SE THIRD AVENUE, SUITE 2130 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000048845240 ☐ Change ☐ Addition 03/22/05--01016--011 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

Received Time Feb. 16. 2:39PM

2 of 2

E.G.T. SALES & MARKETING, INC.

February 15, 2005

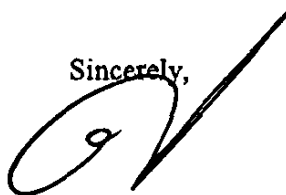
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please be advised that our office did not receive the notification for the annual report for E.G.T. Sales & Marketing, Inc. or any other notification from the Secretary of State as our principal address is incorrectly listed in your records. Attached is the revised Annual Report printed from your website together with our check in the sum of \$300.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-692-8500.

Sincerely,

A handwritten signature in black ink, appearing to be 'Yosi Gil', with a large, sweeping flourish extending upwards and to the right.

Yosi Gil
President