

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000041622	
1. Entity Name RUNITA, CORP.	



FILED

07 MAR -9 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007

REINSTATEMENT

Principal Place of Business 6555 NOVA DRIVE 304 DAVIE, FL 33317 US	Mailing Address 6555 NOVA DRIVE 304 DAVIE, FL 33317 US
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2. Principal Place of Business - No P.O. Box # 2531 Cordoba Bend Suite, Apt. #, etc.	3. Mailing Address 2531 Cordoba Bend Suite, Apt. #, etc.
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City & State Weston, FL	City & State Weston, FL
Zip 33327	Zip 33327
Country USA	Country USA

4. FEI Number 65-0837052	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, ANITA 6555 NOVA DRIVE #304 DAVIE, FL 33317	
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7. Name and Address of New Registered Agent Name: Anita Phillips Street Address (P.O. Box Number is Not Acceptable): 1940 Sabal Palm Dr #202 Davie, FL City: Davie, FL Zip Code: 33324	
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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: Anita Phillips Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/7/07	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ANITA 6555 NOVA DR., #304 DAVIE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Susan J. Bernstein 2531 Cordoba Bend Weston, FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan J. Bernstein SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3-7-07 DAYTIME PHONE: 954-629-8445

8. March MAR 9 2007