



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000075982 1. Entity Name NEUMAN BLEUSTEIN DESIGN FIRM INC.						FILED 05 JAN 10 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2739 CENTER CT DR WESTON, FL 33332				Mailing Address 2739 CENTER CT DR WESTON, FL 33332			
2. Principal Place of Business 2540 SANCTUARY DRIVE Suite, Apt. #, etc.		3. Mailing Address 2540 SANCTUARY DRIVE Suite, Apt. #, etc.					
City & State WESTON, FL.		City & State WESTON, FL.		4. FEI Number 65-0860317		Applied For <input type="checkbox"/> Not Applicable	
Zip 33327	Country BROWARD-USA	Zip 33327	Country BROWARD-USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MANDELL, STANLEY CPA 20341 OLD CUTLER ROAD SUITE A MIAMI, FL 33189				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	P BLEUSTEIN, SHERYL 3840 WINDMILL LAKE ROAD WESTON, FL 33332 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BLEUSTEIN, SHERYL 2540 SANCTUARY DRIVE WESTON, FL. 33327 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWMAN, TERRI 11062 SW 59 COURT MIAMI, FL 33156 <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	200045449982 01/26/05--01039--011 <input type="checkbox"/> Addition **150.00		
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	REINSTATEMENT <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		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> 1/5/05 305-232-2931 </div> <small>Date Daytime Phone #</small>			