## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000021322

KOPEL, LARRY

MIAMI, FL 33133

3 GROVE ISLAND APT 1708

Name:

Address City-St-Zip: FILED Apr 07, 2005 Secretary of State

Entity Name: MADEHARRY, INC **Current Principal Place of Business: New Principal Place of Business:** 2030 SOUTH OCEAN DR. #1721 HALLANDALE, FL 33009 **New Mailing Address: Current Mailing Address:** 2030 SOUTH OCEAN DR. HALLANDALE, FL 33009 FEI Number: 65-0906858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131 US 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: T. BAEZ AS A.I.F. FOR DANIELS M. NICHOLAS 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NOVAK, MADELINE Name: Name: 2030 SOUTH OCEAN DRIVE APT 1721 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: KOPEL, SUSAN Name: KOPEL, SURELLE 3 GROVE ISLAND APT 1708 3 GROVE ISLAND APT 1708 Address: Address: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: Title: ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: T. BAEZ AS A.I.F. FOR SURELLE KOPEL 04/07/2005 D