2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | - INEIIIO I A | | | | | 1 | | | | |
|--|--------------------|---------------------------------------|--|-------------------|--|-----------------------|---|--|----------------------|---------------|--|
| DOCUN | MENT | #P9900030 | 345 | | (Z) | | FILED | | | | |
| 1. Entity Name | 9 | | | | | | | • | 5 0 | | |
| CHRISTIA | IN G. BU | IISSON, INC. | | | | | 07 1 | EB 28 PM 5 | : 50 | | |
| | | | | | | | 11/ | ETARY OF STA AHASSEE, FLO | ATE | | |
| Principal Place | | 3 | Mailing Address | | | Vest | ALLACSEE FLO | RIDA | | | |
| 2704 NE 15T FORT LAUDER | | 3330N | 2704 NE 15TH STREET FORT LAUDERDALE, FL 33304 | | | MALL | AUMODEELLES | | | | |
| TOKT LAUDEN | WALL, IL | 33304 | TOKT ENDERDALE, TE 33304 | | | | | RG 41111 G B1 T B 1841 B1 BB1 2 | TE ET | | |
| 2 Dringing Dr | nee No B O Boy # | 3. Mailing Address | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2805 E Oakland Park Blvd 7800 W Oakland Park | | | | | | | | | | | |
| Suite, Apt. | | and Park Br | Suite, Apt. #, etc. Blvd - | | | 10215111) 02292007 | | 相[ラ](N] [] CR2E098 ロ/0入 |)6()[| | |
| #423 City & State | | | G-121 City & State | | | | 4. FEI Numbe | y | i Ar | polied For | |
| Fort Lauderdale, F1 | | | Sunrise, F1 | | | | 65-091 | | <u> </u> | ot Applicable | |
| Zip | | Country | Zip | Zip Count | | | | of Status Desired | \$8.75 Add | | |
| 33306 | | | 33351 US | | Α | | <u> </u> | Address of New Regis | Fee Require | 0 | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name CURRETTIAN Name NA | | | | | | | | | | | |
| BUISSON, CHRISTIAN 1290 SE 6 TERRACE Street | | | | | | | (CC / / IN U / IV/) (ES | | | | |
| POMPANO | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | BUD | |
| | | | | | # | 473 | <u> </u> | | | | |
| | | | | | City 🗲 | T L | AUDERAN | ıÉ | FL Zip Coo | | |
| 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 obligation | ons of regist | ered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | Signature, typed | or printed name of registered agent a | nd little if applicable. (NOT | E: Register | ed Agent signal | ture requi | rea when reinstating) | | | | |
| FIL | E NOW!! | FEE IS \$300.00 | | | | | | In accordance with corporation did not | | | |
| 10. | | OFFICERS AND I | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFFICE | RS AND DIRECTOR | S IN 11 | |
| TITLE | D | OF TOETO TITLE | ☐ Delete | TITL | E | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Change | Addition | |
| NAME | BUISSON, CHRISTIAN | | | | - | | | | 2 !! 4 | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS - ST-ZIP | | | kland Park erdale, Fl | | 123 | |
| TITLE | TORTER | ODENDALE, I E 00004 | □ Delete | TITL | | FUL | t <u>Laud</u> | erdare, Pr | . J3300 Change | Addition | |
| NAME | DUBLE | | | NAME | | | | | _ | | |
| STREET ADORESS | | | | | TREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP TITLE | | | | | Change | Addition | |
| TITLE NAME | 20000 | | | | | | | | ∟ снанде | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | m | | -ST-ZIP | | | | Charac | Addition | |
| TITLE NAME | Delete III | | | | | 600 | | | 48716 | Aggingu | |
| STREET ADDRESS | | | | | EET ADDRESS | | 03/1 | 000937 9/0701059- | ~029 **30 | 0.00 | |
| CITY-ST-ZIP | | | | City | '-ST-ZIP | | *** | | | | |
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| NAME STREET ADDRESS | | | | NAM STRI | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | r-ST-ZIP | l | | | | | |
| TITLE | | | ☐ Delete | TITL | E | | - | | ☐ Change | ☐ Addition | |
| NAME | | | • | NAM | | | | | | | |
| STREET ADDRESS CITY+ST-ZIP | | |) | | EET ADDRESS (-St-ZIP | | | | | | |
| 12 I borobu s | certify that th | e information supplied with | this filing does not qualify for | or the ex | emptions co | ontained | d in Chapter 119 | 9, Florida Statutes. I furt | her certify that the | nformation | |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 another like empowered. | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Obstance Proce • Obstance Proce • | | | | | | | | | | 9-8802 | |
| SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Obsuling Proces | | | | | | | | | | | |
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