

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000106201

1. Entity Name
FULYA ACIKGOZ, INC.



FILED
04 OCT 18 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**21632 LYNHURST WAY
BOCA RATON, FL 33428**

Mailing Address
**21632 LYNHURST WAY
BOCA RATON, FL 33428**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10152004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0972580

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

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

**ACIKGOZ, FAITH
9290 KETAY CIR., #4
BOCA RATON, FL 33428**

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 \$150.00
After January 1, 2005, Fee will be \$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	D ACIKGOZ, FATIH 21602 LYNHURST WAY BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400041932604 10/18/04--01057--004 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACIKGOZ, FULYA 21632 LYNHURST WAY BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **10/14/04** **561-488-0651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #