

1995

 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 9:16

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S76956

(9)

1. Corporation Name

REINCARNATION, INC.

Principal Place of Business

 5377 HIATUS ROAD
 SUNRISE FL 33351

Mailing Address

 5377 HIATUS ROAD
 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0284905

Applied For

Not Applicable

5. Certificate of Status Desired

☐
 \$8.75 Additional
 Fee Required

 6. Election Campaign Financing
 Trust Fund Contribution
☐
 \$5.00 May Be
 Added to Fees

 8. This corporation has liability for intangible tax under S. 199.032,
 Florida Statutes
☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

 MOSKOWITZ, CHARLES
 8341 N.W. 53RD CT.
 LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 D
 MOSKOWITZ, CHARLES
 8341 N.W. 53RD CT
 LAUDERHILL FL

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 D
 MOSKOWITZ, LAURIE
 8341 N.W. 53RD CT
 LAUDERHILL FL

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 registered agent or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in an amendment to the filing.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 4/27/95 305741-8952
 (Date) (Signature)