


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F00000004921</b> 1. Entity Name <b>ANTHONY COSTANZO, INC.</b>			<b>FILED</b> 05 OCT 24 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>6672 N.W. 150TH AVENUE MORRISTON, FL 32668</b>		Mailing Address <b>6672 N.W. 150TH AVENUE MORRISTON, FL 32668</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>41-1789435</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
6. Name and Address of Current Registered Agent <b>COSTANZO, ANTHONY 6672 N.W. 150TH AVENUE MORRISTON, FL 32668</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 <i>Anthony Costanzo</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>		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 <b>COSTANZO, ANTHONY 6672 N.W. 150TH AVENUE MORRISTON, FL 32668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200060899222 10/24/05--01063--010 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>CASTRO, JOHN ONE MERRILL CIRCLE ST. PAUL, MN 55108</b> <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	<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
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 <i>Anthony Costanzo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>10-20-05</b>	Daytime Phone # <b>352-671-9441</b>

REINSTATEMENT 2005 WAO