

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006557

1. Corporation Name

138 NORTH CENTRAL AVE, INC
~~7698 Sicilia~~

800169560318
02/18/10--01002--019 **458.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

2445 TAMiami TRAIL EAST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL 34112

City & State

SAME

Zip

34112

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

11/2004

5. FEI Number

22-2653485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAULA STUDZINSKI

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

7698 Sicilia Ct

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Paula Studzinski
REGISTERED AGENT MUST SIGN

Date 2/15/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PAULA STUDZINSKI	7698 Sicilia Ct NAPLES	NAPLES, FL 34114

REINSTATEMENT

RH

10. E-mail Address: PAULA.STUD@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paula Studzinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/10 239-

Date

Daytime Phone #

774-9290