

2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED

07 FEB 14 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103984

1. Entity Name
CONTEMPO LIMITED, INC.



Principal Place of Business
202 NORTH 2ND ST
JACKSONVILLE BCH, FL 32250

Mailing Address
202 NORTH 2ND ST
JACKSONVILLE BCH, FL 32250

2. Principal Place of Business
Suite, Apt. #, etc.
S A S A

3. Mailing Address
129 LOST BEACH

City & State
PVBCH



REINSTATEMENT 01-07

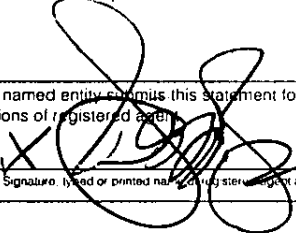
4. FEI Number
59-3682155

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

6. Name and Address of Current Registered Agent
ADAMS, MICHEALYN C
1125 13TH AVE NORTH
JACKSONVILLE BCH, FL 32250

7. Name and Address of New Registered Agent
Name
Street Address (P O. Box Number is Not Acceptable)
SAME
City
FL

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 the obligations of registered agent.

SIGNATURE:  DATE: 2/9/07

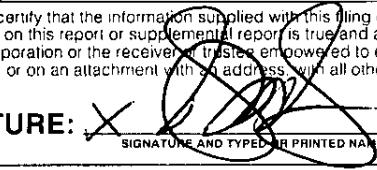
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	P DAWES, DENIS M 129 LOST BEACH LANE PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCORMICK, BRIGETTA 325 LAUDEN CT PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAWES, RUTHE 129 LOST BEACH LANE PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700088535027 02/19/07--01002--023 **300.00
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 exemptions contained in Chapter 119, 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:  DATE: 2/9/07 DAYTIME PHONE: 904-874-5750