

**2005 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 29, 2005  
Secretary of State**

DOCUMENT# P01000116179

Entity Name: ALONSO & SHECKELS CORPORATION

**Current Principal Place of Business:**

2910 W WATERS AV  
SUITE 100  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

2910 W WATERS AV  
SUITE 100  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 71-0864594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALONSO, ANA R  
15521 MORNING DRIVE  
LUTZ, FL 33559      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MARIA D. SHECKELS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ALONSO, ANA R  
Address: 15521 MORNING DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: DS ( ) Delete  
Name: SHECKELS, MARIA D  
Address: 3114 MCFARLAND RD.  
City-St-Zip: TAMPA, FL 33618

Title: DV ( ) Delete  
Name: LOZANO, DIEGO  
Address: 3114 MCFARLAND ROAD  
City-St-Zip: TAMPA, FL 33615

Title: DT ( ) Delete  
Name: ALONSO, RAFAEL E  
Address: 4153 ROWLLING SPRINGS DR  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA D. SHECKELS

Electronic Signature of Signing Officer or Director

DS

10/29/2005

Date