

2005 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED
AND
FILED

05 NOV -9 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032005 REIN-P CR2E098 (6/04)

DOCUMENT # 445900					
1. Entity Name DIXIE NEON COMPANY, INC.					
Principal Place of Business 608 S. 22ND ST. TAMPA, FL 33605			Mailing Address 608 S. 22ND ST. TAMPA, FL 33605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1510869	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROQUE, RAUL 2021 E SEVENTH AVENUE TAMPA, FL 33605				7. Name and Address of New Registered Agent Name <u>LORRAINE CARRILLO</u> Street Address (P.O. Box Number is Not Acceptable) <u>608 S. 22ND STREET</u> City <u>TAMPA</u> FL Zip Code <u>33605</u>	
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 <u>Lorraine Carrillo</u>		<u>LORRAINE CARRILLO</u>		DATE <u>11/4/05</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEVIA, FERNANDO, III 2914 TIMBER KNOLL DRIVE VALRICO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500061259215 11/08/05--01046--007 **750.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARRILLO, LORRAINE 3901 CEDAR CAY CIR. VALRICO, FL	<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	
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: <u>Lorraine Carrillo</u>		DATE <u>11/4/05</u> 813-248-2531			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

K. Eckert NOV - 9 2005