2005 FOR PROFIT CORPORATION REINSTATEMENT

1	- 112.110.17		-		7					
	MENT # 666304				FILED					
Entity Name BRLICE ST	RUMPF, INC.									
BROOL OF	TOWN 1, INO.					05 FEB -3	PM 4:	55		
		****		GO WE TO		SECRETA	ur StAl	Į. į .		
Principal Place of Business Mailing Address 314 MISSOURI AVE SOUTH 8853.8AN JØSE BLVD /						SECRETAIN : TALLAHASSE	F. FLOR	ĎΑ		
314 MISSOURI #305	TAVE SOUTH	8853,8AN JOSE BLVO JACKSONVILLE, FL 32217 US			NAC :	, MELANTOGE				
CLEARWATER,	FL 33756 US				NO.	. Bilita Ghiga shili sakk bibi dib	II BIBII BIBII BIBII	 Gydd didh		
2. Principal Pla	ice of Business	3. Mailing Address								
		314 South Missouri Avenue			700 CD P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	Karani di			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. Suite 305			0 2 2005	nstate	CH2E09B	61b4 C	<i>3</i> 4-05	
City & State		City & State			4, FEI Numb				olied For	
Only & State		Clearwater, F	L		59-198				Applicable	
Zíp Country		Zip Cou		•	5. Certificate	of Status Desired		75 Addi		
	6. Name and Address of Current	33756	Pine	ellas		I Address of New Regi		Required	<u>'</u> .	
	6. Name and Address Bi Current	negistered Agent	·=	_Name:	7. Name and	Address of New Regi	Siered Agen			
STRUMPF,				Street Address	(P.O. Boy Numb	er is Not Acceptable)	•			
!	SOURI AVE., STE 305 FER, FL 33756			Olicel Address	(I .O. BOX INGITID	ur is that Acceptable)				
	Λ									
	//			City			FL 2	ip Code	,	
8. The above n	named entity sub hits this statement fo	r the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Florid	a. I am familia	ar with, a	and accept	
the obligatio	ons of registered agent	//								
SIGNATURE	-1/					11/21/0		·····		
<u> </u>	Profesional Activities to the second second	and the happilicable. (NOT	E: Register	ed Agent signature requi	ired when reinstating) T	DATE			
,		0				In accordance with				
FILI	E NOW!!! FEE IS \$300.00					corporation did no	t receive the	prior n	otice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	I /CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11	
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D ",	Delete	TITL	l l	6	000466	46 P	hange	☐ Addition	
1 1	STRUMPF, EILEEN 314 S. MISSOURI AVE #305		NAM	ET ADDRESS	02/15	5/0501044	-006 *	* 300.	.00	
1	CLEARWATER, FL			-ST-ZIP						
	DPST	☐ Delete	TITE	E				Change	Addition	
1	STRUMPF, JILL A 314 MISSOURI AVE 305		NAM	EET AODRESS			•			
i I	CLEARWATER, FL 33756			-ST-ZIP						
TITLE	V	☐ Delete	TITL	E				Change	Addition	
1	REYNOLDS, LENORE	_	NAM		<u>-</u>					
1	314'S'MISSOURI AVE, #305			ET ADDRESS" -ST-ZIP						
TITLE	CLERTHILLIA I E	☐ Delete	TITL				П (Change	Addition	
NAME			NAM	1						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP		☐ Delete	TITL	-ST-ZIP				Change	☐ Addition	
TITLE NAME		Li Delete	NAM	I				Zilongo		
STREET ADDRESS				EET ADDRESS					İ	
CITY-ST-ZIP			-	-ST-ZIP						
TIFLE NAME		☐ Delete	TITE				U 1	Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby ce indicated of	ertify that the information supplied with on this report or supplemental report is	n this filing does not qualify for a true and accurate and that i	r the exe my signa	mption stated in Sture shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes. I fu ct as if made under oatl	rther certify th h; that I am ar	at the in officer	formation 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.										
1-15										
SIGNAT	URE TYPE OR	PRINTED HAVE OF SIGNING DEFICER	OR DIREC	TOR		21/05	Davtime	- 44]	7020	