

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 674448

FILED  
Oct 04, 2006  
Secretary of State

Entity Name: FLOCO ENTERPRISES, INC.

**Current Principal Place of Business:**

300 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

300 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-2043659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIRAR, DONALD  
300 E ATLANTIC BLVD  
POMPANO BCH, FL 33060 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: DONALD SHIRAR

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: P ( ) Delete  
Name: SHIRAR, JUDY,  
Address: 300 E ATLANTIC BLVD  
City-St-Zip: POMPANO BCH, FL 00000,

Title: T ( ) Delete  
Name: SHIRAR, DONALD,  
Address: 300 E ATLANTIC BLVD  
City-St-Zip: POMPANO BCH, FL 00000,

Title: VP ( ) Delete  
Name: HAWTHORNE, DEBORAH S  
Address: 300 E ATLANTIC BLVD  
City-St-Zip: POMPANO BCH, FL

Title: S ( ) Delete  
Name: SHIRAR, SCOTT,  
Address: 300 E ATLANTIC BLVD  
City-St-Zip: POMPANO BCH, FL

**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 Chapter 119, 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: DONALD SHIRAR

T

10/04/2006

Electronic Signature of Signing Officer or Director

Date