

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F00000004921</b>					
<b>1. Entity Name</b> ANTHONY COSTANZO, INC.					
<b>Principal Place of Business</b> 6672 N.W. 150TH AVENUE MORRISTON, FL 32668			<b>Mailing Address</b> 6672 N.W. 150TH AVENUE MORRISTON, FL 32668		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-1789435	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
COSTANZO, ANTHONY 6672 N.W. 150TH AVENUE MORRISTON, FL 32668				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSTANZO, ANTHONY 6672 N.W. 150TH AVENUE MORRISTON, FL 32668		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200060899222 10/24/05--01063--010 ***150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CASTRO, JOHN ONE MERRILL CIRCLE ST. PAUL, MN 55108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			10-20-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			352-671-9441		
			Daytime Phone #		

FILED

05 OCT 24 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2005**

4. FEI Number  
41-1789435

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

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
COSTANZO, ANTHONY 6672 N.W. 150TH AVENUE MORRISTON, FL 32668		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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DATE

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**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-05

352-671-9441

Date Daytime Phone #