

2006 FOR PROFIT CORPORATION REINSTATEMENT

Pg 1

SECRET
DIVISION

06 OCT 13 PM 2:57

REINSTATEMENT

06



10062006 REIN-P CR2E098 (11/05)

4. FEI Number 510402821 74-2896910 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	PLEUS, ALBERT H	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	VCCS	<input checked="" type="checkbox"/> Delete
NAME	BUTTA, THOMAS V	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARIAN, HAIM	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, LUKE A	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTA, VINCENT C	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARFINKLE, PHILIP N	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEUS, ALBERT H	
STREET ADDRESS	7660 CENTURION PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Luke A.	
STREET ADDRESS	7660 Centurion Parkway	
CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butta, Vincent C.	
STREET ADDRESS	7660 Centurion Parkway	
CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	DCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garfinkle, Philip N.	
STREET ADDRESS	7660 Centurion Parkway	
CITY-ST-ZIP	Jacksonville FL 32256	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/06

904-565-0066


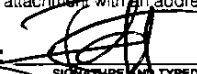
Date

Daytime Phone #

2006 FOR PROFIT CORPORATION REINSTATEMENT

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Item 11 continued

DOCUMENT # F04000004740					
1. Entity Name A21, INC.					
Principal Place of Business 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259			Mailing Address 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO PLEUS, ALBERT H 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Albers, A.D. 7660 Centurion Parkway Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCS BUTTA, THOMAS V 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Sacher, Laura B. 7660 Centurion Parkway Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARIAY, HAIM 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Wiggins, Donald C. 7660 Centurion Parkway Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, LUKE A 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Costanza, Thomas 7660 Centurion Parkway Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTA, VINCENT C 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	<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	D GARFINKLE, PHILIP N 7660 CENTURION PARKWAY JACKSONVILLE, FL 32259	<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 exemptions contained 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 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:  T. Costanza CFO			Date: 10/6/06 Daytime Phone #: 904-565-0064		