

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -2 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252005 REIN-P CR2E098 (6/04)

4. FEI Number
52-0889432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F ESQ.
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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

Edwin F. Blanton

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

11/2/05 01007 02D 750.00

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ZARNAS, STEPHEN C	
STREET ADDRESS	850 JENNINGS ST.	
CITY-ST-ZIP	BETHLEHEM, PA 18017	
TITLE	V	☐ Delete
NAME	GLAROS, GEORGE Z	
STREET ADDRESS	850 JENNINGS ST.	
CITY-ST-ZIP	BETHLEHEM, PA 18017	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T/D	☐ Change ☒ Addition
NAME	Zarnas, Stephen C.	
STREET ADDRESS	850 Jennings Street	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE	Asst. S	☐ Change ☒ Addition
NAME	Glaros, George Z.	
STREET ADDRESS	850 Jennings Street	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE	Asst. V	☐ Change ☒ Addition
NAME	Zarnas, Constantine S.	
STREET ADDRESS	850 Jennings Street	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stephen C. Zarnas 10/26/05 610-866-0923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/05