

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC -7 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10212004 REIN-P CR2E098 (6/04)

4. FEI Number 58-1597977 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name JOHN A. MACARE
Street Address (P.O. Box Number is Not Acceptable)
4000 42353434
601 LAUREL OAK DR
NAPLES FL Zip Code 34108

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]* DATE 12/01/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KELBAN, ALBERT J.	
STREET ADDRESS	2425 POST ROAD	
CITY-ST-ZIP	SOUTHPORT, CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	DARDANI, THOMAS E.	
STREET ADDRESS	2425 POST ROAD	
CITY-ST-ZIP	SOUTHPORT, CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMOR, ALEXANDER W.	
STREET ADDRESS	2425 POST ROAD	
CITY-ST-ZIP	SOUTHPORT, CT	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SAFT, STEPHEN J.	
STREET ADDRESS	2425 POST ROAD	
CITY-ST-ZIP	SOUTHPORT, CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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		

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: *[Signature]* ALBERT J. KELBAN 10/27/04 205-259-8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #