

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K93425

FILED
Sep 09, 2005
Secretary of State

Entity Name: C.P. ENTERPRISES OF APOPKA, INC.

Current Principal Place of Business:

2525 S. CLARCONA
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2525 S. CLARCONA
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2952273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POILLION, CHARLES
2525 S. CLARCONA RD
APOPKA, FL 32703 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: CHARLES POILLION

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: POILLION, CHARLES,
Address: 2525 SO. CLARCONA
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: POILLION, CHARLES,
Address: 2525 SO. CLARCONA
City-St-Zip: APOPKA, FL

Title: TS () Delete
Name: POILLIEN, MARY
Address: 2525 S CLARCONA
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: POILLION, MARY E
Address: 2525 S CLARCONA
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES POILLION

Electronic Signature of Signing Officer or Director

P

09/09/2005

Date