Oct. 6. 2006 10:31AM No. 0519 P. 2

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L20602

1. Entity Name
CARDS "R" LESS, INC.

FILED
06 OCT 10 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10062006 REIN-P CR2E098 (11/05)

Principal Place of Business	Mailing Address
12148 US HWY 19 NORTH %DEBORAH K. MENTZ HUDSON, FL 34667-9058	10046 STATE RD. 52 HUDSON, FL 34669-3096
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2974695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENTZ, DEBORAH K.
13621 LANDERS DRIVE
HUDSON, FL 34667

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 X Deborah K. Mentz 10-6-06
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VST~~ MENTZ, DEBORAH K. 13621 LANDERS DRIVE HUDSON, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☒ Change ☐ Addition 000080669790 10/10/06--01011--002 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENTZ, DEBORAH K. 13621 LANDERS DRIVE HUDSON, FL ☐ 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

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: X Deborah K. Mentz 10-6-06 727-857-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/11