


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L83897	
1. Entity Name AUSTIN ENTERPRISES, INC.	

Principal Place of Business 4421 13TH AVE SW NAPLES, FL 34116	Mailing Address 4421 13TH AVE SW NAPLES, FL 34116
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2. Principal Place of Business - No P.O. Box # 6819 LIVINGSTON WOODS LN.	3. Mailing Address 6819 LIVINGSTON WOODS LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL 34109	City & State NAPLES FL
Zip 34109	Country COLIER

01142009 REIN-P CR2E098 (1/07)

4. FEI Number 65-0403948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUSTIN, JOHN R. 220 24TH AVE NW NAPLES, FL 34120	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

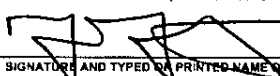
FILE NOW!!! FEE IS \$900.00	200141491632 01/20/09--01057--004 **900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUSTIN, JOHN R. 4421 13TH AVE SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUSTIN, JOHN R. 6819 LIVINGSTON WOODS LN, NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

RH

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:  **JOHN AUSTIN** Date: **1-15-09** 239-571-1969