


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 28 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---------------------------------------|--|---|
| DOCUMENT # L98597 | |  |
| 1. Entity Name MISSOURI MART, INC. | | |

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|---|---|
| Principal Place of Business 75 NORTH QUEEN STREET, UNIT 2 TORONTO, ON M8Z 2C7 | Mailing Address PO BOX 1981 LARGO, FL 33779 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



09242007 REIN-P CR2E098 (1/07)

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|--|--|
| 4. FEI Number 59-3065952 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent HARRIS, DANIEL A 105-F DUNBAR AVE OLDSMAR, FL 34677 | | 7. Name and Address of New Registered Agent Name <u>Harris, Daniel A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3937 Tampa Road, Suite 2</u> City <u>Oldsmar</u> FL Zip Code <u>34677</u> | |
|--|--|---|--|

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] David A. Harris DATE 9/25/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 | |
|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD DICERBO, PASQUALE 75 NORTH QUEEN STREET TORONTO, ON M8Z 2C7 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400110054734</u> <u>09/29/07--01033--012 **150.00</u> |
| 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 |

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: PAT D. CERBO SEP-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

m/2ew