2006 FOR PROFIT CORPORATION REINSTATEMENT

## FILED **DOCUMENT # M71295** 1. Entity Name 2006 OCT 18 PM 2: 13 **DEMBY & ASSOCIATES, INC.** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1133 FOURTH STREET PO BOX 490 SUITE 200 SARASOTA, FL 34230 US SARASOTA\_FL\_34236\_\_\_US-2. Principal Place of Business 3. Mailing Address 766 HUDSON AVE Suite, Apt. #, etc. CR2E098 (11/05) 07212006 REIN-P City & State 4 FEI Number Applied For 65-0041797 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMBY, DIANA Street Address (P.O. Box Number is Not Acceptable) SARASO1A, FL 34230 7536 JAVA DRIVE City Zip Code Sarasota 34241 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE 18 \$300:00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TOTE ☐ Delete TITLE Change ☐ Addition DEMBY, DIANA NAME NAME 900081397939 10/31/06--01078--007 \*\*300.00 2232 BAHIA VISTAWAT 7336 JAUA DR. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34239-34241 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DEMBY, MARY JO NAME NAME STREET ADDRESS PO BOX 490 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34230 CITY-ST-ZIP TITLE VP Delete TITLE ☐ Change ☐ Addition DEMBY, RAY NAME NAME STREET ADDRESS PO BOX 490 STREET ADDRESS SARASOTA, FL 34230 CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information exprised 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. DIAUA A.DEMBY SIGNATURE: RINTEDNAME OF SIGNING OFFICER OF DIRECTOR