

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

2007 OCT 31 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082007 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # N94000004992</b> 1. Entity Name <b>PRISTINE PLACE CRIMEWATCH, INC.</b>					
Principal Place of Business <b>406 LITTLELEAP CT SPRING HILL, FL 34609 US</b>			Mailing Address <b>406 LITTLELEAP CT SPRING HILL, FL 34609 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4008 LITTLE LEAF CT.</b>		3. Mailing Address <b>4008 LITTLE LEAF CT.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SPRING HILL, FLA.</b>		City & State <b>SPRING HILL, FLA</b>		4. FEI Number <b>65-0535870</b>	
Zip <b>34609</b>		Country <b>HERNANDO</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34609</b>		Country <b>HERNANDO</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LESSNER, LOU 4016 LITTLELEAP CT SPRING HILL, FL 34609</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HESS, ROBERT 4007 LITTLELEAP CT SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CATANIA, THOMAS 4008 LITTLE LEAF CT SPRING HILL, FLA. 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HIRSCHBERG, MARK 4026 CEDAR CREST LOOP SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KATZ, STEVE 3461 CONIFER LOOP SPRING HILL, FLA 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HIGGINS, ROBERT 4100 BRECKLAND CT SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RULAND, RICHARD 14262 CORNWALL LN SPRING HILL, FLA. 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RULAND, RICHARD 14262 CORNWALL LN SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALESKI, MARTY 14148 CORNWALL LA SPRING HILL, FLA 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESSNER, LOU 4016 LITTLELEAF CT SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110744222 10/12/07--01065--015 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALESKI, MARTY 14148 CORNWALL LN SPRING HILL, FL 34609	<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 617, 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.					
<b>SIGNATURE: Thomas Catania THOMAS CATANIA 10-8-07 352-835-3520</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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TO WHOM IT MAY CONCERN

PLEASE WAIVE THE REINSTATEMENT FEE  
AS PRIOR NOTICES OF THE ANNUAL REPORT WERE  
NEVER RECEIVED. IN ADDITION I HAVE  
MADE THE NECESSARY CHANGES TO BLOCK 3  
OF THE REINSTATEMENT APPLICATION.

RESPECTFULLY

J. Thomas Catania

THOMAS CATANIA

TREASURER

PRISTINE PLACE CRIME WATCH INC