

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

10f2


FILED

05 OCT 20 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04-05

REINSTATEMENT FOR 90875

DOCUMENT # P00000015763	
1. Entity Name STATEWIDE FINANCIAL 2000, INC.	

Principal Place of Business 1291 CROWN POINT WELLINGTON, FL 33414	Mailing Address 1291 CROWN POINT WELLINGTON, FL 33414
---	---

2. Principal Place of Business 209 N.E. 5 <sup>TH</sup> AVE.	3. Mailing Address 209 N.E. 5 <sup>TH</sup> AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okeechobee, FL	City & State Okeechobee, FL
Zip 34972	Zip 34972
Country OKEECHOBEE	Country OKEECHOBEE

4. FEI Number 65-0978965	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 SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145
---

7. Name and Address of New Registered Agent Name MELTON GRANT Street Address (P.O. Box Number is Not Acceptable) 209 N.E. 5 <sup>TH</sup> AVE City Okeechobee FL Zip Code 34972
--

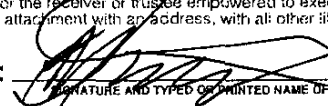
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10.14.2005  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANT, MELTON 1291 CROWN POINT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANT, MELTON 209 N.E. 5 <sup>TH</sup> AVE OKEECHOBEE, FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRANT, NYSOŁA 1291 CROWN POINT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRANT, Nysola 209 N.E. 5 <sup>TH</sup> AVE Okeechobee, FL 34972 <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
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
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
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 exemption stated in Section 119.07(3)(i), 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:  DATE 10.14.2005  
863-763-8839

2 of 2

**STATEWIDE FINANCIAL 2000, INC.**

209 NE 5<sup>TH</sup> AVENUE  
OKEECHOBEE, FL 34972

October 14, 2005

RE: Statewide Financial 2000, Inc.

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

Dear DIVISION OF CORPORATIONS:

SUBJECT: 2005 FOR PROFIT CORPORATION REINSTATEMENT

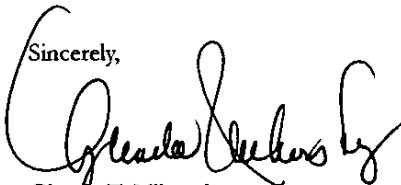
Per your instructions, please find a copy of the original Document # P00000015763 Reinstatement for Statewide Financial 2000, Inc. with a photo copy of our check.

As of this date our corporation remains **inactive**; on the filing in June a signature of the Registered Agent was missing. Please note that the Registered Agent has been changed along with a corrected mailing address.

Please be advised that our check was deposited and cleared by our bank on June 06, 2005. We have made the required change and add the required signatures per your instructions.

Please complete the reinstatement filing for Statewide Financial 2000, Inc. If you have any questions or need any additional information do not hesitate to give me a call.

Sincerely,



Glenda T. Mikovsky  
Office Manager

gtm