9/17/01-90150-027-\$550.00-\$550.00

| DOCUMENT # P000(Entity Name RESALEABLES NORTHEAST, INC. | 00044171 | _ | SUCRETARY OF STATE OF OCT 23 AM 10: 21 |
|--|---|---|--|
| rincipal Place of Business 013 EDGEWATER DR. RLANDO FL 32810 | Mailing Address 8013 EDGEWATER DR. ORLANDO FL 32810 | | |
| Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | City & State | | 4. FELNumber Applied For |
| Zip Country | Zip | Country | 5. Certificate of Status Desired 5. Status Desired Fee Required |
| 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| SOOST, CHARLES E | | Name Street Addre | ass (P.O. Box Number is Not Acceptable) |
| 6013 EDGEWATER DR. | | Silest Addre | Section 16 (18.7) Estimates |
| ORLANDO FL 32810 | | City | FL Zip Code |
| The above named entity submits this statement for | or the purpose of changing it | s registered office or reg | |
| | | g | istered agent, or cour, in the state or richda. |
| GNATURE Signature, typed or printed name of registated agent | E 50 and title If applicable. (NO | 0057 | guited when reinstating) DATE |
| GNATURE CHAPLES | and title If applicable. (NO FILE NOW After September 1 | 0057 | guired when reinstating) 10. Election Campaign Financing Trust Fund Contribution Added to Fees |
| GNATURE Signature, typed or printed name of registrated agant This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND | end title if applicable (NO FILE NOW After September 1 Make Check Pays DIRECTORS | 7 TE: Registered Agent signature res 7!!! FEE IS \$550.00 12, 2001 Fee will be \$1 able to Department of | 750.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
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