


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 PM 4:40

REINSTATEMENT 06

DOCUMENT # P00000073212		
1. Entity Name STEPHANUS W. RIETBERGEN, P.A.		

Principal Place of Business 3949 EVANS AVE #205 #403 FT MYERS, FL 33901	Mailing Address 3949 EVANS AVE #205 #403 FT MYERS, FL 33901
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



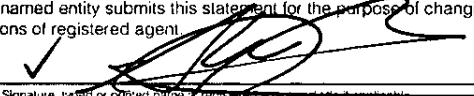
11202006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1032252	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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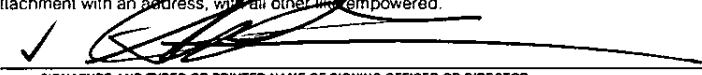
6. Name and Address of Current Registered Agent	
RIETBERGEN, STEVE 3949 EVANS AVE #205 #403 FT MYERS, FL 33901	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 11/28/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIETBERGEN, STEVE 3949 EVANS AVE #205 #403 FT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	# 403
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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: 	DATE 11/29/06 DAYTIME PHONE #