2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000087453

GUIDO, JOAN

2840 APPALOOSA TRAIL

WELLINGTON, FL 33414

Name:

Address:

City-St-Zip:

Entity Name: CHARLIE & SONS, INCORPORATED

FILED Aug 09, 2006 Secretary of State

		a corto, intecra crottes					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	IROSE LANE TON, FL 3341	4					
Current N	lailing Addres	s:	New Maili	New Mailing Address:			
	MROSE LANE TON, FL 3341	4					
FEI Number	: 65-1043007	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status De	esired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of N	ew Registered Age	nt:	
1860 PRIN	CHARLES J MROSE LANE TON, FL 3341	4 US					
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered o	ffice or registered ago	ent, or both,	
SIGNATUI	RE: CHARLE	S DIBELLA					
	Electron	ic Signature of Registered Ag	jent		Date		
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.			
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	P () DIBELLA, CHAF 1860 PRIMROS WELLINGTON,	SE LANE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	S () DIBELLA, KARI 1860 PRIMROS WELLINGTON,	SE LANE	Title: Name: Address: City-St-Zip:	VP (X) DIBELLA, KARE 1860 PRIMROS WELLINGTON,	E LANE		
Title: Name: Address: City-St-Zip:	BRADENSTEIN PO BOX 21123		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title:	T (X)	Delete	Title:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES DIBELLA P 08/09/2006