2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000038807 1. Entity Name MORANDE ENTERPRISES, INC.				1	F11 FF) 16 OCT -3 PM 5		
Principal Place of Business 8300 RADIO RD		Mailing Address 1472 AIRPORT ROAD		TALLAHASSTE, FLORIDA			
NAPLES, FL 34104		NAPLES, FL 34110		15	FEMILIAM	## 1844 Berts 18#1881 to 18#1	
2. Principal Place	e of Business	3. Mailing Address 8300 12AD = 70AD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			REIN-P CR2E09	98 (11/05)	
City & State		City & State		4. FEI Number 59-373358	 88	Applied For Not Applicable	
Zip	Country		Country	5. Certificate of S	Status Desired	\$8.75 Additional	
	6. Name and Address of Current R		·	7. Name and Add	dress of New Registered A	gent	
Name JA				mes A. Morande Jr.			
MORANDE, JAMES A JR 5180 OLD GALLOWS WAS			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, FL	34105		3890	50000	ASS WAY	#2322	
	v // //	City N		ARLES	FL	Zip Code 3 4 112	
8. The above named each submits his 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 Signature, typed one) it everywhere of ingustered agent and title if applicable. (NOTE: Registered Agent signature required to					lorance, Ja 10.	2-06	
Oversional (Albert or Entirectoral Agust or or more in abhieveme: Inc.) E. Laftistesia or Agust addition a saddina minist (Studental). C. DATC							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10.	OFFICERS AND D	_	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND		
TITLE PT NAME MORANDE, JR, JAMES STREET ADDRESS 5180 OLD GALLOWS WAY		☐ Delete	TITLE NAME			Change Addition	
			STREET ADDRESS 38				
	APLES, FL 34105	Delete	CITY-ST-ZIP W	Afres, 1	7 3 H112		
TITLE			TITLE NAME	•		Change Addition	
STREET ADDRESS			STREET ADDRESS		<u> </u>	1951	
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP	100020402951 10/03/06-01049-005 **150 35			
NAME			NAME			January Community	
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE			☐ Change ☐ Addition	
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NAME STREET ADDRESS	, \		STREET ADDRESS				
CITY-ST-ZIP			CITY-\$1-ZIP				
12. I hereby certify that the information supplied with this filling 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 vectorer by 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 attaching an address, with all other like empowered.							
SIGNATURE: JAMES A. Morance, IR 10-						239)455-5191	
SIGNATU	SIGNATURE AND TYPED OR PH	NATED NAME OF SIGNING OFFICER OR	DIRECTOR	3/2		aytime Phone #	
(239) 571-4800							

2/2 10.2-06 ever unice any peron any Notices for Recieve Deing over Due.

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