


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000056353					
1. Entity Name F S L ENTERPRISES, INC.					
Principal Place of Business 9652 EAGLE POINTE LN LAKE WORTH, FL 33467			Mailing Address 9652 EAGLE POINTE LN LAKE WORTH, FL 33467		
2. Principal Place of Business 7126 VIA LEONARDO Suite, Apt. #, etc.		3. Mailing Address 7126 VIA LEONARDO Suite, Apt. #, etc.			
City & State LAKE WORTH FL Zip 33467		City & State LAKE WORTH FL Zip 33467		4. FEI Number 65-1106687	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STYKA, FRED S 9652 EAGLE POINTE LANE LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name: STYKA, FRED S Street Address (P.O. Box Number is Not Acceptable): 7126 VIA LEONARDO City: LAKE WORTH FL Zip Code: 33467		
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: <i>Fred S Styka</i> FRED S STYKA 1-13-06 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STYKA, FRED S 9652 EAGLE POINTE LANE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STYKA, FRED S 7126 VIA LEONARDO LAKE WORTH FL 33467	
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	
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 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: <i>Fred S Styka</i> FRED S STYKA 1-13-06 561-512-5497 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

06 JAN 23 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132006 REIN-P CR2E098 (11/05)

Applied For
Not Applicable

Additional Fee Required

Zip Code

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

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02/10/06--01050--004 **\$300.00

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STATEMENT