

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000078442

**FILED**  
**Nov 27, 2006**  
**Secretary of State**

**Entity Name:** ABSOLUTE RESERVATIONS CENTER, INC.

**Current Principal Place of Business:**

PMB 205, 145 S ORLANDO AVE  
SUITE #8  
MAITLAND, FL 327515634 US

**New Principal Place of Business:**

150 E WILDMERE AVENUE  
SUITE 108  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

PMB 205, 145 S ORLANDO AVE  
SUITE #8  
MAITLAND, FL 327515634 US

**New Mailing Address:**

PO BOX 520849  
LONGWOOD, FL 32752 US

**FEI Number:** 59-3744928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAGANELLI, KATHLEEN  
4740 NEBRASKA AVE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KATHLEEN PAGANELLI

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: PAGANELLI, KATHLEEN  
Address: 4740 NEBRASKA AVE  
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete  
Name: REPEDE, JR  
Address: 804 SENECA MEADOWS  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: KATHLEEN PAGANELLI

ST

11/27/2006

Electronic Signature of Signing Officer or Director

Date