


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000100782		
1. Entity Name GIRLS, INC.		

Principal Place of Business 2013 SIERRA STREET MELBOURNE, FL 32935	Mailing Address 2013 SIERRA STREET MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box # 1288 SARNO ROAD Suite, Apt. #, etc.	3. Mailing Address 2836 MADERIA CIRCLE Suite, Apt. #, etc.
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City & State MELBOURNE, FL	City & State MELBOURNE, FL	4. FEI Number 59-3756978	Applied For <input type="checkbox"/> Not Applicable
Zip 32935	Country USA	Zip 32935	Country USA

6. Name and Address of Current Registered Agent CARUSO, STEVEN 486 N. HARBOUR CITY BLVD MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 486 N. HARBOR CITY BLVD. City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$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 HILL, PENSRI 2836 MADERIA CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000158808260 07/22/09--01034--005 **300.00 <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
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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: Pensri Hill 07-20-09 321/259-0706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
09 JUL 22 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

