2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000016109

Title:

Name:

Address:

City-St-Zip:

Entity Name: RIZZO, PITTMAN & PAGE REALTY GROUP, INC

FILED Oct 20, 2004 Secretary of State

_	111220,11	THINKING THE RETT OF	(COI , II VC.			
Current P	rincipal Place	of Business:	New Princi	New Principal Place of Business:		
14815 LAGUNA DR.				14819 LAGUNA DR.		
#102 FT. MYERS, FL 33908			#102 FT. MYERS	#102 FT. MYERS, FL 33908		
	lailing Addres	s:		New Mailing Address:		
14815 LAGUNA DR.				14819 LAGUNA DR.		
#102			#102	#102		
FT. MYERS, FL 33908			FT. MYERS	FT. MYERS, FL 33908		
FEI Number	: 74-3028293	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status D	Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
RIZZO-GAVIN, ELIZABETH A 14831 LAGUNA DR. FT. MYERS, FL 33908 US			14819 LAGI #102	RIZZO-GAVIN, ELIZABETH A 14819 LAGUNA DR. #102 FT. MYERS, FL 33908 US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its	s registered office or registered ag	gent, or both,	
SIGNATU	RE: ELIZABET	H A. RIZZO-GAVIN		10/20/2004		
	Electron	ic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financing	8(2)(b), F.S., the corporation did n Trust Fund Contribution ().	•			
OFFICER	S AND DIREC	rors:	ADDITIONS	S/CHANGES TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	DS () RIZZO-GAVIN, E 11906 QUAIL RI FT. MYERS, FL	JN DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DV () PITTMAN, PAUL 333 E OHIO ST. INDIANAPOLIS,	, STE 200	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DP () PAGE, PETER 1102 S. EMERS INDIANAPOLIS,		Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ELIZABETH A. RIZZO-GAVIN DS 10/20/2004

() Delete

PAGE, ANTHONY

1102 S. EMERSON

INDIANAPOLIS, IN 46203

() Change () Addition