

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P02000025661

1. Entity Name
BULLS EYE SANITATION, INC.



Principal Place of Business
3423 FORREST DR
HOLLYWOOD, FL 33021

Mailing Address
3423 FORREST DR
HOLLYWOOD, FL 33021

2. Principal Place of Business
2547 Wilson St.
Suite, Apt. #, etc.

3. Mailing Address
2547 Wilson St.
Suite, Apt. #, etc.

City & State
Hollywood, FL
Zip 33020

City & State
Hollywood, FL
Zip 33020

Country USA

Country USA

6. Name and Address of Current Registered Agent

SANTANIELLO, DAVID
3423 FORREST DR
HOLLYWOOD, FL 33021

4. FEI Number
01-0627290
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Name and Address of New Registered Agent
Name David Santaniello
Street Address (P.O. Box Number is Not Acceptable)
2547 Wilson Street
City Hollywood FL Zip Code 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/31/2005

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	D SANTANIELLO, DAVID 3423 FORREST DR HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Santaniello, David 2547 Wilson St. Hollywood, FL 33020 <input checked="" 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 20000446652 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/05--01049--006 **300.00
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 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 954-295-8874
Date Daytime Phone #