
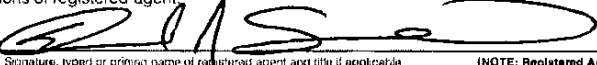
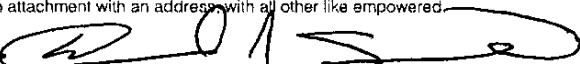


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000025661</b> 1. Entity Name <b>BULLS EYE SANITATION, INC.</b>						<b>FILED</b> <b>05 FEB -9 AM 11:58</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3423 FORREST DR HOLLYWOOD, FL 33021</b>				Mailing Address <b>3423 FORREST DR HOLLYWOOD, FL 33021</b>			
2. Principal Place of Business <b>2547 Wilson St.</b> <small>Suite, Apt. #, etc.</small>				3. Mailing Address <b>2547 Wilson St.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Hollywood, FL</b>		City & State <b>Hollywood, FL</b>		4. FEI Number <b>01-0627290</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33020</b>		Country <b>USA</b>		Zip <b>33020</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>SANTANIELLO, DAVID 3423 FORREST DR HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name <b>David Santaniello</b> Street Address (P.O. Box Number is Not Acceptable) <b>2547 Wilson Street</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>			
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  DATE <b>1/31/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SANTANIELLO, DAVID</b> STREET ADDRESS <b>3423 FORREST DR</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>				TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Santaniello, David</b> STREET ADDRESS <b>2547 Wilson St.</b> CITY-ST-ZIP <b>Hollywood, FL 33020</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/31/05</b> Daytime Phone # <b>954-295-8874</b>			

