

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000036422

**FILED**  
**Mar 18, 2005**  
**Secretary of State**

**Entity Name:** RHETT ROTTEN'S WALL OF DEATH, INC.

**Current Principal Place of Business:**

22453 S. WOODLAND BLVD.  
DELAND, FL 32720

**New Principal Place of Business:**

965 SEVILLA AVE  
LAKE HELEN, FL 32744

**Current Mailing Address:**

22453 S. WOODLAND BLVD.  
DELAND, FL 32720

**New Mailing Address:**

965 SEVILLA AVE  
LAKE HELEN FL, FL 32744

**FEI Number:** 02-0563505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARP, PATRICIA  
2826 STATE RD. 44  
DELAND, FL 32720 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:** PATRICIA HARP

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: PD ( ) Delete  
Name: GIORDANO, RHETT  
Address: 965 SEVILLA AVE.  
City-St-Zip: LAKE HELEN, FL 32744

Title: VD ( ) Delete  
Name: GIORDANO, KIMBERLY  
Address: 965 SEVILLA AVE.  
City-St-Zip: LAKE HELEN, FL 32744

**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 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.

**SIGNATURE:** KIMBERLY GIORDANO

VP

03/18/2005

Electronic Signature of Signing Officer or Director

Date