

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED


08 OCT 22 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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10202008 REIN-P CR2E098 (1/07)
REINSTATEMENT

DOCUMENT # P02000088649					
1. Entity Name PLANNED CONCEPTS INC.					
Principal Place of Business 1936 PORTLAND AVE TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 180906 TALLAHASSEE, FL 32318		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1936 Portland Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee Florida		4. FEI Number 04-3708077	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32303		32303	Leon		
6. Name and Address of Current Registered Agent FITZGERALD, RICKEY L 1936 PORTLAND AVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$150.00 After January 1, 2009, Fee will be \$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	P FITZGERALD, RICKEY 1936 PORTLAND AVE TALLAHASSEE, FL 32303	<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: <u>Rickey Fitzgerald</u>			20 October 2008 (850) 590-2324		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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