

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 25 AM 8: 02

REINSTATEMENT 05-06



11282005 REIN-P CR2E098 (6/04)

DOCUMENT # P02000095769 1. Entity Name CHARLIE CORP. OF SOUTHWEST FLORIDA					
Principal Place of Business PO BOX 6868 FT MYERS BEACH, FL 33932			Mailing Address PO BOX 6868 FT MYERS BEACH, FL 33932		
2. Principal Place of Business PO BOX 171 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 171 Suite, Apt. #, etc.			
City & State FT Myers bch, FL		City & State FT Myers bch, FL		4. FEI Number 22-3875575	
Zip 33931		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTER, RICHARD 6100 ESTERO BLVD FT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name PAULINE RAZZANO 7205 ESTERO BLVD City FT MYERS BEACH FL Zip Code 33931		
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 PAULINE RAZZANO <i>Pauline Razzano</i> 5/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME RAZZANO, FRANK STREET ADDRESS 7205 ESTERO BLVD. CITY-ST-ZIP FT MYERS BEACH, FL 33931			<input type="checkbox"/> Change <input type="checkbox"/> Addition 400075879554 06/06/06--01023--010 **908.75		
TITLE DPT <input type="checkbox"/> Delete NAME RAZZANO, PAULINE STREET ADDRESS 7205 ESTERO BLVD. CITY-ST-ZIP FT MYERS BEACH, FL 33931			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S <input type="checkbox"/> Delete NAME LARROW, PAUL STREET ADDRESS 3501 DEL PRADO BLVD. STE 312- CITY-ST-ZIP CAPE CORAL, FL 33904			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete 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: <i>Pauline Razzano</i> (239) 463-2373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					