

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000119824

FILED
Oct 18, 2004
Secretary of State

Entity Name: FUN 2 GO INC.

Current Principal Place of Business:

840 LAURA STREET
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

840 LAURA STREET
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 05-0538408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, TRAVIS W
652 FELLOWSHIP DRIVE
FERN PARK, FL 32730 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:

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: DPT () Delete
Name: ALLEN, TRAVIS W
Address: 652 FELLOWSHIP DRIVE
City-St-Zip: FERN PARK, FL 32730

Title: DVS () Delete
Name: HOHMANN, ANTHONY
Address: 658 NORTSHORE CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: HOHMANN, CAROLYN
Address: 658 NORTSHORE CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: HOHMANN, CURRAN
Address: 652 FELLOWSHIP DR
City-St-Zip: CASSELBERRY, FL 32730

Title: D () Delete
Name: ALLEN, SEAN
Address: 658 NORTSHORE CIR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRAVIS ALLEN

DPT

10/18/2004

Electronic Signature of Signing Officer or Director

Date