

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 AM 9:56

DOCUMENT # P02000130785

1. Entity Name
JUDY D. PENTURFF, INC.



Principal Place of Business
1653 E ALFRED ST
TAVARES, FL 32778

Mailing Address
1653 E ALFRED ST
TAVARES, FL 32778

REINSTATEMENT 05



2. Principal Place of Business

202 SHOREWOOD DR

3. Mailing Address

202 SHOREWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11032005

REIN-P

CR2E098 (6/04)

City & State

TAVARES FL

City & State

TAVARES FL

4. FEI Number

54-2087853

Applied For

Not Applicable

Zip

32778

Country

Zip

32778

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTURFF, JUDY D
1653 E ALFRED ST
TAVARES, FL 32778

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

Judy D. Penturff

NOTE: Registered Agent signature required when reinstating

DATE

11-14-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, 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

TITLE PSTD ☐ Delete
NAME PENTURFF, JUDY D
STREET ADDRESS 202 SHOREWOOD DR
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900062356849
12/22/05-01045-004 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Judy D. Penturff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-05 352343-1368