

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -6 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10262006 REIN-P CR2E098 (11/05)

4. FEI Number  
13-4224509

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AGUIRE, JOSEPH A  
1884 BISCAYNE BLVD.  
NAVARRE, FL 32566

## 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 *Joseph A. Aguirre*  
Signature typed or printed name of registered agent and title if applicable

*Joseph A. Aguirre President 11-26-06*  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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 NAME ☐ Delete  
P AGUIRE, JOSEPH A  
STREET ADDRESS 1884 BISCAYNE BLVD.  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE NAME ☐ Delete  
V ROUNTREE, MARK A  
STREET ADDRESS 404 RIDGEWOOD CIRCLE  
CITY-ST-ZIP DESTIN, FL 32541

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☐ Change ☐ Addition  
200082320582  
12/06/08--01039--020 \*\*150.00  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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: *Joseph A. Aguirre* *Joseph A. Aguirre President 11-26-06 850-259-6749*  
Signature typed or printed name of signing officer or director Date Daytime Phone #

jc 12/7