


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000020424		
1. Entity Name THE ENGELMAN GROUP INC.		

FILED
05 FEB 28 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3322 TAMiami TRAIL EAST NAPLES, FL 34112	Mailing Address 3322 TAMiami TRAIL EAST NAPLES, FL 34112
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT
110120043 REIN-P L. CR2E098 (6/04) 04-05

4. FEI Number
300148392

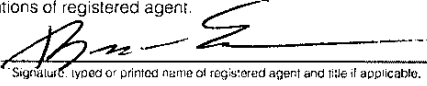
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ENGELMAN, BRUCE 16200 BAYPOINTE BLVD. A307 N. FORT MYERS, FL 33917	
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7. Name and Address of New Registered Agent Name: Engelman Bruce Street Address (P.O. Box Number is Not Acceptable): 1170 Reserve Way #102 City: Naples FL Zip Code: 34105	
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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.

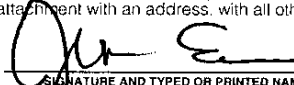
SIGNATURE:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGELMAN, JENNIFER F 3322 TAMiami TRAIL EAST NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGELMAN, BRUCE C 3322 TAMiami TRAIL EAST NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500044801045 01/14/05--01053--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGELMAN, LAURIE L 3322 TAMiami TRAIL EAST NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500044801045 03/08/05--01011--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Division of corporations
P.O box6327
Tallahassee , Fl
32314*

To whom it may concern,

We never received a notice to pay a fee to keep our corporate name. We recived this letter that said to pay a reinstatement fee. I contacted to number listed and they said to pay \$150.00 to do this instead of the \$750.00 . How do we know when it is time to do this and when is the next renewal date so that we are not in the same situation next time. Please contact us . We have inclosed the check for \$150.00. Please contact us at 239-774-9988. Thank you so much for your time.

Sincerely,

Jennifer Engelman