

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -6 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---------------------------------|--|--|-----------------------|
| DOCUMENT # P03000028285 | | | |  | |
| 1. Entity Name INTERNAL COUNT, INC. | | | | | |
| Principal Place of Business 2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308 | | | Mailing Address 2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 35-2208268 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JANULIS, WILLIAM 2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308 | | | 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 _____ (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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JANULIS, WILLIAM 2708 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000081552440 11/06/06--01037--005 **150.00 | |
| 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 | |
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| 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: _____ | | | Date: 10/29/06 | | Daytime Phone # _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

REINSTATEMENT

(11/05) *De*

K. Eckel NOV 01 2006