

2009 FOR PROFIT CORPORATION REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG -5 PM 12:30

| | | | |
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| DOCUMENT # P03000030797 1. Entity Name RONNEY ENTERPRISES, INC. | | | |
| Principal Place of Business 8110 LAKEWOOD MAIN STREET BRADENTON, FL 34202 | | Mailing Address 3400 S. TAMiami TRAIL SARASOTA, FL 34239 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 8110 LAKEWOOD MAIN ST Suite, Apt. #, etc. | |
| City & State Zip Country | | City & State BRADENTON FL Zip Country 34202 | |
| 4. FEI Number 30-0164615 | | 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 RIDDELL, JEFFERSON F 3400 S. TAMiami TRAIL SARASOTA, FL 34239 | | 7. Name and Address of New Registered Agent Name MALCOLM RONNEY Street Address (P.O. Box Number is Not Acceptable) 8110 LAKEWOOD MAIN STREET City BRADENTON FL Zip Code 34202 | |
| 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE: 7/27/09 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$900.00 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS RONNEY, MALCOLM <input type="checkbox"/> Delete 6518 FIELD SPARROW GLN LAKEWOOD RANCH, FL 34202 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800159273898 08/05/09--01026--013 **\$900.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVPT RONNEY, KAREN <input type="checkbox"/> Delete 6518 FIELD SPARROW GLN LAKEWOOD RANCH, FL 34202 | 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 B 8/6/09 08-09 |
| 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 REINSTATEMENT |
| 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE: 7/27/09 Daytime Phone #: 9413592424 | |



07272009 REIN-P CR2E098 (1/07)