

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000040553

1. Entity Name  
EGNA & VANDEVOIR SYSTEMS, INC.



Principal Place of Business  
672 104TH AVENUE NORTH  
NAPLES, FL 34108

Mailing Address  
672 104TH AVENUE NORTH  
NAPLES, FL 34108

2. Principal Place of Business  
22037 SEASHORE CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
22037 SEASHORE CIRCLE  
Suite, Apt. #, etc.

City & State  
ESTERO FL  
Zip 33928 Country U.S.A.

City & State  
ESTERO FL  
Zip 33928 Country U.S.A.

12162005 REIN-P CR2E098 (6/04)

4. FEI Number  
14-1880876  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

EGNA, MATTHEW  
22037 SEASHORE CIRCLE  
ESTERO, FL 33928

## 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 MATTHEW EGNA DATE 12/16/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 P ☐ Delete  
NAME EGNA, MATTHEW  
STREET ADDRESS 22037 SEASHORE CIRCLE  
CITY-ST-ZIP ESTERO, FL 33928

TITLE VP ☐ Delete  
NAME VANDEVOIR, CHARLES  
STREET ADDRESS 672 104TH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34108

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 900062435229  
CITY-ST-ZIP 12/28/05--01009--010 \*\*150.00

TITLE VP ☒ Change ☐ Addition  
NAME VANDEVOIR, CHARLES  
STREET ADDRESS 647 94TH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34108

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

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

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

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: MATTHEW EGNA DATE 12/16/2005 DAYTIME PHONE # 239-248-2377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
05 DEC 15 PM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

