

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUN 12 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06062006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000056218 1. Entity Name LOOP VILLAGE, INC.					
Principal Place of Business 167 WOODLAWN ROAD FREEPORT, FL 32439			Mailing Address 167 WOODLAWN ROAD FREEPORT, FL 32439		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 56-2589354	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRYANT, GARY C 167 WOODLAWN ROAD FREEPORT, FL 32439				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 6-7-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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	PSD BRYANT, GARY C 167 WOODLAWN ROAD FREEPORT, FL 32439		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 100076201301 06/14/06--01033--001 **\$600.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRYANT, CARRIE J 167 WOODLAWN ROAD FREEPORT, FL 32439		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> B 6/14/06 REINSTATEMENT </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	
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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:			6-7-2006 850-585-5727		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		