

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED 142

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06

DOCUMENT # P03000065134	
1. Entity Name VINCENT BYRNES, INC.	



Principal Place of Business 1200 HIBISCUS AVENUE POMPANO BEACH, FL 33062	Mailing Address 1200 HIBISCUS AVENUE POMPANO BEACH, FL 33062
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2. Principal Place of Business 4300 N. OCEAN BLVD Suite, Apt. #, etc. PHG City & State FT LAUD. Florida Zip 33308 Country BROWARD	3. Mailing Address 4300 N. OCEAN BLVD Suite, Apt. #, etc. PHG City & State FT LAUD FL Zip 33308 Country BROWARD
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1022006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent BYRNES, VINCENT 1200 HIBISCUS AVENUE POMPANO BEACH, FL 33062 (New Address Above)		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Vincent Byrnes 11/15/06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, 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	D BYRNES, VINCENT 1200 HIBISCUS AVENUE POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081958422 11/20/06--01085--011 **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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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: Vincent Byrnes 11/15/06 954-290 6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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To whom it may
Concern.

THIS IS THE FIRST
NOTICE ON REINSTATEMENT.
I CALLED YOUR OFFICE
ON 11/16/06 AND WAS
TOLD TO SEND IN MY
150.⁰⁰ AND SEE IF I
CAN GET THIS LATE
FEE WAIVED. ALSO I
CALLED IN REGARDS TO
MY ADDRESS CHANGE AND
THAT PAPER WORK.

SO FAR THIS IS ALL
I RECIEVED.

Thank You
Robert Brown