

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 REF

FILED

05 AUG 11 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052005 REIN-P CR2E098 (6/04)

4. FEI Number 74-3095548
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NEAGLE, RONDELL L
19046 BRUCE B. DOWNS BLVD. #115
TAMPA, FL 33647-2434

7. Name and Address of New Registered Agent

Name NEAGLE RONDELL L
Street Address (P.O. Box Number is Not Acceptable)
17925 Timber View Street
City Tampa FL Zip Code 33647

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)

8-5-05
DATE

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

TITLE D
NAME NEAGLE, RONDELL L
STREET ADDRESS 17925 TIMBER VIEW STREET
CITY-ST-ZIP TAMPA, FL 33647 ☐ Delete

TITLE D
NAME NEAGLE, SHERRY
STREET ADDRESS 17925 TIMBER VIEW STREET
CITY-ST-ZIP TAMPA, FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Travis Neagle
STREET ADDRESS 1251 Cord Grass CT
CITY-ST-ZIP Wesley Chapel, FL 33543 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700058488937
08/11/05--01061--002 **308.75 ☐ Change ☐ Addition

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

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

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

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-05 1-800-180-7783
Date Daytime Phone #