



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000082728 1. Entity Name APPENTA CORP.						FILED 07 APR 11 PM 2:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 249 BAREFOOT BEACH BOULEVARD BONITA SPRINGS, FL 34134				Mailing Address 249 BAREFOOT BEACH BOULEVARD BONITA SPRINGS, FL 34134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <u><i>Sarah K. Drake</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> Sarah K. Drake as its agent </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>							
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	PTCB PENTA, LOUSE 249 BAREFOOT BEATH BONITA SPRINGS, FL 34134 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">06-07</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</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: <u><i>Louise Penta</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="text-align: center;"> 3/28/07 <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>			