

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 MAR 16 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-06 *PSK*



02242006 REIN-P CR2E098 (11/05)

4. FEI Number 38-3686259  
**NOT APPLICABLE** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MALLOY, DENNIS  
10 E JORDAN ST  
PENSACOLA, FL 32501

## 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P	<input type="checkbox"/> Delete
NAME	MALLOY, DENNIS T	
STREET ADDRESS	1142 BAYVIEW	
CITY-ST-ZIP	GULF BREEZE, FL 33563	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALLOY, TERESA L	
STREET ADDRESS	1142 BAYVIEW	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	S	<input type="checkbox"/> Delete
NAME	MALLOY, TERESA L	
STREET ADDRESS	1142 BAYVIEW	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALLOY, TERESA L	
STREET ADDRESS	1142 BAYVIEW	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300068944293	
STREET ADDRESS	03/29/06--01016--006	
CITY-ST-ZIP	**300.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

Daytime Phone #