

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000108057

**FILED**  
**Sep 13, 2010**  
**Secretary of State**

**Entity Name:** ANZALONE ENTERPRISES, INC.

**Current Principal Place of Business:**

418 VINNEDGE RIDE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

418 VINNEDGE RIDE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 76-0743960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANZALONE, TROY  
418 VINNEDGE RIDE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** TROY ANZALONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ANZALONE, TROY  
**Address:** 418 VINNEDGE RIDE  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** VSTD  
**Name:** ANZALONE, JULIA  
**Address:** 418 VINNEDGE RIDE  
**City-St-Zip:** TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TROY ANZALONE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

09/13/2010

\_\_\_\_\_  
Date