

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000110511

1. Entity Name  
SIXOFUS CORPORATION, INC.



FILED

05 MAR 28 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
600 OAK AVENUE  
SANFORD, FL 32771

Mailing Address  
600 OAK AVENUE  
SANFORD, FL 32771

2. Principal Place of Business

3881 Pickinghouse Rd.

Suite, Apt. #, etc.

3. Mailing Address

3881 Pickinghouse Rd.

Suite, Apt. #, etc.



REINSTATEMENT 04-05

City & State

ALVA FL

Zip  
33920

Country

USA

City & State

ALVA FL

Zip  
33920

Country

USA

4. FEI Number

16-1686757

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOAR, LACY K  
600 OAK AVENUE  
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name  
Denise Brumfield  
Street Address (P.O. Box Number is Not Acceptable)  
3881 Pickinghouse Rd.  
City  
ALVA FL Zip Code  
33920

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

Denise Brumfield

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOAR, LACY K	
STREET ADDRESS	600 OAK AVENUE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Brumfield	
STREET ADDRESS	3881 Pickinghouse Rd	
CITY-ST-ZIP	ALVA FL 33920	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800050302938  
01/11/05--01005--015 \*\*908.75

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:

Denise Brumfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Date

239.226-8783

Daytime Phone #