2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							. ALED				
DOCUMENT # P03000123133						· · · · · · · · · · · · · · · · · · ·					
1. Entity Name CHARMED PROMOTION, INC.						06 MAR 13 9: 38					
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Principal Plac		Mailing Address					:::::::::::::::::::::::::::::::::::::::		'GUA		
1035 N.E. 40TH STREET CAPE CORAL, FL 33909 US CAPE CORAL, FL 33909				3							
		1 - 1 - 11									
2. Principal Place of Business 2711 First Street 3. Mailing Address 2711 First St				et	875	12 16/16/6°	1 / 57/213/3	ICIAN A			
Suite, Apt. 103	#, etc.	Suite, Apt. #, etc.				02282086	将作的	EK	8 (11/05)	-05-6x	
City & Stat	e	103 City & State				4. FEI Numbe			Ар	plied For	
Fort	Myers, FL.	Fort Myers,	FL.			05-059	0430			t Applicable	
33916	USA	33916		iry ISA		5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New Re	gistered A	gent		
O'GRADY,				Ceri)'Grady					
1035 N.E. CAPE CO				st Stre	er is Not Acceptable)						
•				#103	3						
				City	t Mve	rc		FL	Zip Code		
	named entity submits this statement for	the purpose of changing its	register				th, in the State of Flor	ida. I am fa			
trie obligat	tions of registered agent.	lad -									
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	: Registeri	ed Agent signat	ture require	d when reinstating)		DATE			
FII	LE NOW!!! FEE IS \$3Q0.00					:	In accordance w corporation did r	ith s. 607.	193(2)(b), the prior r	F.S., the	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFFI				
TITLE	D	☐ Delete	1111	E	D .				Change	Addition	
NAME STREET ADDRESS	O'GRADY, CERISE 1035 N.E. 40TH STREET		NAM	E Et address	~	ise O'Gr	-				
CITY-SI-ZIP	CAPE CORAL, FL 33909			- \$1 - ZIP	2711 Fort	First Myore	Street #10: FL. 33916	3			
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							
	certify that the information supplied with	this filing does not qualify for			ontained	in Chapter 119), Florida Statutes. I f	urther certif	v that the in	formation	
indicated of the co	I on this report or supplemental report is rporation or the receiver or trustee empo	true and accurate and that nowered to execute this report	ny signa as requi	ture shall ha	ave the s	ame legal effec	ct as if made under o	ath; that I ar	m an officer	or director	
changed	, or on an attachment with an address, v	with all other like empowered.	,				2 C	A16	,		
SIGNAT	TURE: UUSI	J'Mae	2/1	*d*			3-9	•			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											
			•	1							

ACCOUNTING FIRM OF

Smith, Smith & Associates, Inc.

February 20, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32301-1500

RE: Charmed Promotion, Inc. Document Number P03000123133

Dear Sir/Madam

I have enclosed a copy of the inactive status on the above corporation, This taxpayer has had a difficult time with the Hurricanes over the past two years as to her records and reports. Our firm downloaded the report and had it ready for the client to send in to you, however many of her records and papers were destroyed along with damage to the office and wetness of papers and we guess that it never got mailed to you, the office had to be moved to a new location. We are enclosing a check for \$300.00 to cover last year's annual report and this year's. The new address of the corporation and the mailing address are the same at 2711 First Street # 103 Fort Myers Florida 33916. We ask you, as this taxpayer has already had a great deal of expense from the Hurricanes, to please wave the penalty and reinstate this corporation.

I welcome you to contact my office with any additional questions or needs.

Respectfully,

Larry J. Smith Accountant

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