

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000127825

1. Entity Name  
I CAN SEE U, INC.



Principal Place of Business  
5499 ST REGIS WAY  
PORT ORANGE, FL 32128

Mailing Address  
5499 ST REGIS WAY  
PORT ORANGE, FL 32128

2. Principal Place of Business

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

NAVIN, HOWARD  
5499 ST REGIS WAY  
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5499 St. Regis Way

City

Port Orange

FL

Zip Code

32128

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, of 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 NAME  
D NAVIN, HOWARD  
STREET ADDRESS  
5499 ST REGIS WAY  
CITY-ST-ZIP  
PORT ORANGE, FL 32128

☐ Delete

TITLE NAME  
D WINTZ, JORDAN  
STREET ADDRESS  
823 UNIVERSITY BLVD UNIT 208  
CITY-ST-ZIP  
JUPITER, FL 33458

☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
S Hurley, Sean  
STREET ADDRESS  
5499 Saint Regis way  
CITY-ST-ZIP  
Port Orange FL 32128

☒ Change ☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Howard Navin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-05

Date

386-547-3958

Daytime Phone #

01-05 Reu  
FILED

05 AUG 29 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08292005 REIN-P CR2E098 (6/04)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required