


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 SEP -7 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| DOCUMENT # P04000018313<br>1. Entity Name<br>AMERICAN PROVIDENT REALTY, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>101 PALM HARBOR PKWY<br>PALM COAST, FL 32137 | Mailing Address<br>101 PALM HARBOR PKWY<br>PALM COAST, FL 32137 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>138 Palm Coast Pkwy<br>Suite, Apt. #, etc.<br># 330 | 3. Mailing Address<br>138 Palm Coast Pkwy<br>Suite, Apt. #, etc.<br># 330 |
|---|---|

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>Palm Coast, FL | City & State<br>Palm Coast, FL |
| Zip<br>32137                   | Country<br>us                  |
| Zip<br>32137                   | Country<br>us                  |



08082006 REIN-P CR2E098 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>20-0477732                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br>KOSZALKOWSKI, JOHN<br>101 PALM HARBOR PKWY<br>PALM COAST, FL 32137 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>138 Palm Coast Pkwy # 330<br>City<br>Palm Coast, FL<br>Zip Code<br>32137 |
|---|---|

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:  (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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KOSZALKOWSKI, JOHN<br>101 PALM HARBOR PKWY<br>PALM COAST, FL 32137 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>138 Palm Coast Pkwy #330<br>Palm Coast, FL 32137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>900079730939<br>09/12/06--01062--009 **300.00               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 Date Daytime Phone #

9/700