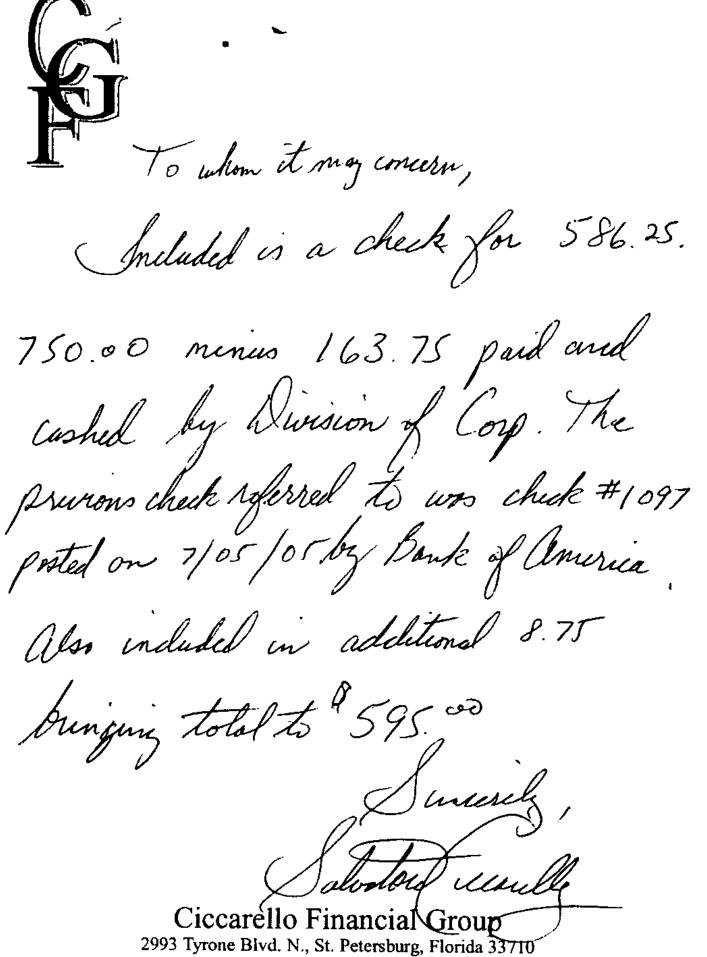
## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## FILED **DOCUMENT # P04000030519** 05 DEC 30 AM 11: 04 CICCARELLO FINANCIAL GROUP INC. JEGNETANT DI STATE TALLAHASGFE, FLORIDA Principal Place of Business Mailing Address 2993 TYRONE BLVD N 2993 TYRONE BLVD N ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10112005 REIN-P CR2E098 (6/04) 4. FEI Number 84-163 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CICCARELLO, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 2993 TYRONE BLVD N ST PETERSBURG, FL 33710 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPV TITLE □ Delete TITLE ■ Addition CICCARELLO, SALVATORE NAME NAME NEW ADDRESS 3217 105TH ST E. STREET ADDRESS 637 PINELLAS BAYWAY #209 STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP PALMETTO, FL 34221 ST TITLE ☐ Delete TITLE Change ☐ Addition NAME CICCARELLO, JUNE M NAME 3217 105TH ST. E 637 PINELLAS BAYWAY #209 NEW ADDIESS STREET ADDRESS STREET ADDRESS CITY+ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP PALMETTO, FL 34221 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 800062522768 01/03/06--01004--001 \*\*\*595.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete 7/1/05 9 0003 046 \$163.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOINTEMENT 05 TITLE ☐ Detete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 attactment with Acaderss; with all other like empowered to SIGNATURE:

G OFFICER OR DIRECTOR



2993 Tyrone Blvd. N., St. Petersburg, Florida 33710 (727) 347-2150 Toll Free 866-946-9500 Fax (727) 346-9508 Sal.Ciccarello@lpl.com

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