2005 FOR PROFIT CORPORATION REINSTATEMENT

| DENISE D PARNELL, P.A. 1 STURE 1 AND STATE STORE BUILD CRICE. WINTER SPRINGS, FL 32708 Malling Address SE BIO BIG BUILC CRICLE WINTER SPRINGS, FL 32708 Malling Address SE BIO BIG BUILC CRICLE WINTER SPRINGS, FL 32708 Malling Address SE BIO BIG BUILC CRICLE WINTER SPRINGS, FL 32708 Malling Address SE BIO BIG BUILC CRICLE WINTER SPRINGS, FL 32708 A STEEL AND STEEL STATE FALL AND STATE FALL AND STEEL STATE FALL AND STEEL STATE FALL AND STATE FALL AND STEEL STATE FALL AND STATE FALL A | DOCUMENT # P04000030675 1. Entity Name | | | | | FILED | | | | |
|--|--|-------------------|-----------------|------------|--|---------------------------------------|---------------------------------------|---|----------------|--|
| Missing Address 810 BIG BUCK CRCLE WINTER SPRINGS, FL 32708 82. Principal Place of Business Suite, Apr. 1, etc. Suite, Apr. 1 | DENISE D PARNELL, P.A. | | | | | 05 NOV 29 PM 4: 41 | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 10312005 REIN-P CR2E098 (6/04) | Principal Place of Business Mailing Address 810 BIG BUCK CIRCLE 810 BIG BUCK CIRCLE | | | 32708 | SEUNETAKY OF STATE FALLAHASSEE, FLORIDA | | | 1 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 10312005 REIN-P CR2E098 (6/04) | 2 Gringing D | None of Projects | | | | | | | | |
| City & State Country In Additional Control Set To Additional Control Set To Additional Control The addition of Status Desired I Set To Additional Control The addition of Status Desired I Set To Additional Control The addition of International Control The addition of International Control Sirel Additions (P.O. Box Number is Not Acceptable) City FL Zip Code Sirel Additions (P.O. Box Number is Not Acceptable) City FL Zip Code The obligators of registered agent City FL Zip Code Sirel Addition of registered agent City FL Zip Code Sirel Addition of registered agent City FL Zip Code City FL Zip Code Sirel Addition of registered agent City FL Zip Code City FL Zip Code Sirel Addition of registered agent City FL Zip Code City FL Zip | · | | | | | | | i i i i i i i i i i i i i i i i i i i | | |
| September Sept | | | | | | | | | | |
| S. Certificate of Status Desired | | | | | | | | N | ot Applicable | |
| PARNELL; DENISE D 810 BIG BUCK CIRCLE WINTER SPRINGS, FL 32708 Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Samiler with, and accept the occipations of registered agent. IL - 06/0 5 SIGNATURE Purpose, the or arrown tonion a registered agent and a registered agent, or both, in the State of Florida. I am Samiler with, and accept the occipation of registered agent. IL - 06/0 5 SIGNATURE Purpose, the or arrown tonion a registered agent and a registered agent, or both, in the State of Florida. I am Samiler with, and accept the occipation of the control of registered agent. IL - 06/0 5 SIGNATURE Purpose, the or arrown tonion a registered agent, or both, in the State of Florida. I am Samiler with, and accept the control of the Con | Zip | | Country Zip Cou | | | 5. Certificate | of Status Desired | See Require | ditional ed | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City | | | | Name | 7. Name and | 1 Address of New Reg | listered Agent | - | | |
| S. 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 lamiliar with, and except the obligations of registered agent. SIGNATURE: City FL Zip Code | 810 BIG BUCK CIRCLE | | | | Street Address (| P.O. Box Numb | er is Not Acceptable) | | | |
| 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 familier with, and accept the obligations of registered agent. 1 | WINTER SPRINGS, FL 32708 | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| SIGNATURE: Change Change Change Change Change Addition | | | | | • | | | | | |
| FILE NOWIII FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 TILE D, P PARNELL, DENISE D STRET ADDRESS CITY-51-2P TITLE MAME STRET | the obligations of registered agent. | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITER ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE O, P ARNIELL, DENISE D SITER ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITER ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITER ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITER ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITER ADDRESS 11. ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITER ADDRESS 11. ADDRES | | | | | | | | | | |
| After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS | | | | | | | | | | |
| TITLE NAME PARNELL, DENISE D SIDE BIORES D SIDE ADDRESS CITY-51-2P WINTER SPRINGS, FL 32708 Delete STREET ADDRESS CITY-51-2P WINTER SPRINGS, FL 32708 Delete STREET ADDRESS CITY-51-2P WINTER SPRINGS, FL 32708 Delete STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P STREET ADDRESS C | After Jar | | | | corporation did no | ot receive the prior | notice. | | | |
| NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CI | | | | | | ADDITIONS | CHANGES TO OFFIC | | | |
| CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE MAME SITERI ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST | NAME | PARNELL, DENISE D | | NAME | ADDOCCO | | | Criange | - Addition | |
| NAME SITEET ADDRESS CITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP Change Addition NAME SITEET ADDRESS CITY-ST-ZIP Change Change Addition NAME SITEET ADDRESS CITY-ST-ZIP Change Ch | | | | | | | | | | |
| CITY-ST-ZIP CITY-ST-ZIP | TITLE NAME | 1 | | 4 | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP Delete | | | | | | | | | 1 | |
| STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete | | | | | | | · · · · · · · · · · · · · · · · · · · | ☐ Change | ☐-Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Change Addition NAME STREET ADDRESS CITY-ST-ZIP THE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST- | STREET ADDRESS | | | STREET | I . | | | | ļ | |
| CITY-ST-ZIP CITY-ST-ZIP | TITLE | | ☐ Delete | | 1-217 | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: Annual Addition Change Change Addition Change Change Change Addition Change Change Change Change Change Change Change Addition Change Change Change Addition Change Change Change Addition Change Addition Change | STREET ADDRESS | 16/201/20 | | | ADDRESS | 8 11/1 | 1000613 10/0501042 | :44418 019 **15 | 0.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: Aenal Annel STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY | ļ | 100/29 | ☐ Delete | | T-ZIP | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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: Aenical | | , | | NAME | ADDRESS | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 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: Across Across Y07-538-7708 | CITY-ST-ZIP | | | CITY-S | | | | | | |
| 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: Aemal Amal Amal Agrael 497-538-7768 | TITLE NAME | | ☐ Delete | NAME | | | | ☐ Change | Addition | |
| 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: Aerical 497-538-7700 | STREET ADDRESS CITY-ST-ZIP | | | | l l | | | | | |
| SIGNATURE: Acrise D. Farnell 1400-538-9902 | 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 | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davine Prone # | SIGNAT | | D. Farne | <u>ll_</u> | | // | 1/06/05 | | -990a | |