

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR -9 PM 4:05

SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # P04000059198

1. Entity Name
HANG EM HIGH OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
3949 EVANS AV. ~~#205~~ #403
FORT MYERS, FL 33901

Mailing Address
3949 EVANS AV. ~~#205~~ #403
FORT MYERS, FL 33901

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282007 REIN-P CR2E098 (1/07)

4. FEI Number
50-0014183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPOSITO, LISA
3949 EVANS AV. ~~#205~~ #403
FORT MYERS, FL 33901

Name

Street 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 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 \$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 D ☐ Delete
NAME ESPOSITO, LISA
STREET ADDRESS 3949 EVANS AV. ~~#205~~ #403
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME 200093757652
STREET ADDRESS 03/20/07--01012--014 ***300.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lisa Esposito LISA ESPOSITO

3/4/07

239-274-0255

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #