

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 13 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

4. FEI Number **20-1123682** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DURRANCE, DIANE  
4983 ELON CRESCENT  
LAKELAND, FL 33810

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$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	P	<input type="checkbox"/> Delete
NAME	DURRANCE, DIANE	
STREET ADDRESS	4983 ELON CRESCENT	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DURRANCE, DIANE	
STREET ADDRESS	4983 ELON CRESCENT	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	DURRANCE, DIANE	
STREET ADDRESS	4983 ELON CRESCENT	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DURRANCE, DIANE	
STREET ADDRESS	4983 ELON CRESCENT	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dianne Durance  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/10/05 Daytime Phone # \_\_\_\_\_

10117