

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000087640

FILED  
Nov 14, 2006  
Secretary of State

Entity Name: PROFESSIONAL NOVELTIES OF TAMPA BAY, INC.

## Current Principal Place of Business:

132 SHORE DRIVE PLACE  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

369 12TH AVENUE  
INDIAN ROCKS BEACH, FL 33785 US

## Current Mailing Address:

132 SHORE DRIVE PLACE  
OLDSMAR, FL 34677 US

## New Mailing Address:

369 12TH AVENUE  
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: 20-1207289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FOXHILL, THOMAS R  
132 SHORE DRIVE PLACE  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: THOMAS R. FOXHILL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FOXHILL, THOMAS R  
Address: 132 SHORE DRIVE PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete  
Name: GLOVER, MARK E  
Address: 1084 EMBASSY DR  
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Delete  
Name: FOXHILL, THOMAS R  
Address: 132 SHORE DRIVE PLACE  
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete  
Name: GLOVER, MARK E  
Address: 1084 EMBASSY DR  
City-St-Zip: SPRING HILL, FL 34606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SYLVESTER, HERB  
Address: 369 12TH AVENUE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SYLVESTER, HERB  
Address: 369 12TH AVENUE  
City-St-Zip: INDIAN ROCKS BEACH, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB SYLVESTER

VP

11/14/2006

Electronic Signature of Signing Officer or Director

Date