

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -5 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P04000109473 1. Entity Name TEDDY MICHAEL CASCADDEN, P.A.					
Principal Place of Business 3212 SW 1ST PLACE CAPE CORAL, FL 33914 US		Mailing Address 3212 SW 1ST PLACE CAPE CORAL, FL 33914 US			
2. Principal Place of Business <i>3218 SW 1st Place</i>		3. Mailing Address <i>3218 SW 1st Place</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Cape Coral, FL</i>		City & State <i>Cape Coral, FL</i>		4. FEI Number 20-1407911	
Zip <i>33914</i>		Country <i>US</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASCADDEN, TED M 3212 SW 1ST PLACE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name <i>Cascadden, Ted M.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3218 SW 1st Place</i> City <i>Cape Coral</i> FL Zip Code <i>33914</i>		
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 <i>Ted Cascadden</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>11/29/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PVST CASCADDEN, TED M 3212 SW 1ST PLACE CAPE CORAL, FL 33914			<i>PVST</i> <i>Cascadden, Ted M</i> <i>3218 SW 1st Place</i> <i>Cape Coral, FL 33914</i>		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Ted Cascadden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>11/29/06</i> (239) 565-7723			