


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127153					
1. Entity Name HEJRUP, INC.					
Principal Place of Business 301 ALBEE ROAD NOKOMIS, FL 34276			Mailing Address 301 ALBEE ROAD NOKOMIS, FL 34276		
2. Principal Place of Business		3. Mailing Address 301 ALBEE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NOKOMIS, FL			
Zip	Country	Zip 34276	Country USA	4. FEI Number 20-1581245	
6. Name and Address of Current Registered Agent GRUSZKA, JOLANTA 2637 PROUD TRUTH LANE SARASOTA, FL 34240				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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.				DATE 10.10.05	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAKOMY, PREMYSL 301 ALBEE ROAD NOKOMIS, FL 34276	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060630690 10/14/05--01064--001 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JOHNSON, VLADIMIRA 1328 JAMAICA ROAD VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Signature and typed or printed name of signing officer or director				10/16/05 941-716-1919 Date Daytime Phone #	

FILED

05 OCT 14 PM 7:12

SECRET
TALLAHASSEE, FLORIDA

Handwritten initials



REINSTATEMENT 2005

Handwritten 'not'

FL

Handwritten signature: Jolanta Gruszka

10.10.05

(NOTE: Registered Agent signature required when reinstating)