

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000142742 1. Entity Name CALDWELL - LAZER, INC.					
Principal Place of Business 28600 S.W. 132ND AVENUE, LOT 69B HOMESTEAD, FL 33033			Mailing Address 28600 S.W. 132ND AVENUE, LOT 69B HOMESTEAD, FL 33033		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent KOLSKI, STEPHEN J 2600 DOUGLAS ROAD, SUITE 1109 CORAL GABLES, FL 33134				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: <u><i>Stephen J. Kolski</i></u> DATE: <u>2/21/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CALDWELL, WILLIAM S II <input type="checkbox"/> Delete 28600 S.W. 132ND AVENUE, LOT 69B HOMESTEAD, FL 33033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500067941635 03/16/06--01003--033 **900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZER, ALAN <input type="checkbox"/> Delete 28600 S.W. 132ND AVENUE, LOT 69B HOMESTEAD, FL 33033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>for 2/28</i>	
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 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: <u>William S. Caldwell II, William S. Caldwell II, President</u> 02-01-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <div style="text-align: right;">(786) 243-1521</div>					

FILED
06 FEB 24 PM 1:50

CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA



01242006 REIN: P CR2E098 (11/05)

4. FEI Number 16-1716.830 ☒ Applied For ☐ Not-Applicable

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

05-06