

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

<b>DOCUMENT # P04000153477</b>					
<b>1. Entity Name</b> CHARLIE STIERLEN INC.					
<b>Principal Place of Business</b> 520 SWEETLEAF DR. BRANDON, FL 33511			<b>Mailing Address</b> 520 SWEETLEAF DR. BRANDON, FL 33511		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  STIERLEN, CHARLIE 520 SWEETLEAF DR. BRANDON, FL 33511			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$750.00</b>  <b>After January 1, 2006, Fee will be \$900.00</b> </div> <div></div> <div></div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STIERLEN, CHARLIE 520 SWEETLEAF DR. BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>700060632117</b>  <b>10/14/05--01060--013 **150.00</b> </div>	
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	
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	
<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT 05</b> </div> <div> <b>TS. 12/6/05</b> </div> </div>					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Charlie Stierlen</u>			10/11/05 (813) 220-3028		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

PAGE 2 of 2

NOVEMBER 28, 2005

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I DID NOT RECEIVE  
THE FIRST NOTICE FOR MY ANNUAL RENEWAL  
OF MY CORPORATION.

IF I HAD, I WOULD HAVE SENT THE \$150.00 IN  
IMMEDIATELY.

PLEASE ACCEPT THIS LETTER AS MY NON-RECEIPT  
OF THE FIRST NOTICE.

CHARLIE STIERLEN