

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:56

DOCUMENT # P04000157536

1. Entity Name  
TONY DEJORDY INC.



Principal Place of Business  
P O BOX 1408  
SEFFNER, FL 33583-1408

Mailing Address  
P O BOX 1408  
SEFFNER, FL 33583-1408

REINSTATEMENT 05



10202005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

311 S. Kingsway RD

Suite, Apt. #, etc.

City & State

City & State

Seffner FL

4. FEI Number

20-1869232

Applied For

Not Applicable

Zip

Country

Zip

Country

33584

Hills

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEJORDY, ANTHONY P  
311 S KINGSWAY RD  
SEFFNER, FL 33584

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P  
NAME DEJORDY, ANTHONY P  
STREET ADDRESS P O BOX 1408  
CITY-ST-ZIP SEFFNER, FL 335831408

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

10-20-05

Date

(813) 376-8403

Daytime Phone #