

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -8 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



06-07
02122007 REIN-P CR2E098 (1/07)

FEI Number 20-2341339 Applied For Not Applicable

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

DILWORTH, JAMES K
220 ALTERNATE 19 N
PALM HARBOR, FL 34683

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 2/2/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

500089130275
02/26/07--01002--006 **758.75

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	DILWORTH, JAMES K	
STREET ADDRESS	28059 HWY 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DILWORTH, JAMES K	
STREET ADDRESS	28059 HWY 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	AYALA, GABRIEL T	
STREET ADDRESS	28059 HWY 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	CCO	<input checked="" type="checkbox"/> Delete
NAME	AYALA, GABRIEL T	
STREET ADDRESS	28059 HWY 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500095811615	
CITY-ST-ZIP	04/04/07--01044--024 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/07

Date

727-488-3256

Daytime Phone #