2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000045118

City-St-Zip:

FORT MYERS, FL 33908

Entity Name: CESTARI ENTERPRISES, INC.

FILED May 21, 2007 Secretary of State

Littly Nan	ie. CESTARII	LINTERPRISES, INC.			
Current Pr	incipal Place	of Business:	New Principal	New Principal Place of Business:	
	IMERLIN ROAI RS, FL 33908	O US			
Current Mailing Address:			New Mailing A	New Mailing Address:	
17689 SUMMERLIN ROAD FORT MYERS, FL 33908 US				14866 TYBEE ISLAND DRIVE NAPLES, FL 34119 US	
FEI Number:	20-2573972	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
CESTARI, PAUL 17689 SUMMERLIN ROAD FORT MYERS, FL 33908 US			14866 TYBEE IS	CESTARI, PAUL 14866 TYBEE ISLAND DRIVE NAPLES, FL 34119 US	
The above in the State		ubmits this statement for the p	ourpose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE: PAUL CESTARI				05/21/2007	
	Electroni	Signature of Registered Age	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I CESTARI, PAUL 17689 SUMMER FORT MYERS, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SEC () I CESTARI, PAUL 17689 SUMMER FORT MYERS, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	TRES () I CESTARI, PAUL 17689 SUMMER	Delete LIN ROAD	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAUL CESTARI PRES 05/21/2007