
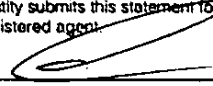
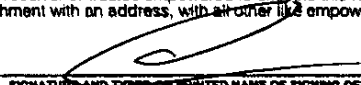


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053238 1. Entity Name WENDELL CORSO INVESTMENTS, INC.			FILED 06 OCT 23 AM 11:32 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119		Mailing Address 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119	
2. Principal Place of Business 8405 Laurel Lakes Blvd Suite, Apt. #, etc. 8405 Laurel Lakes Blvd		3. Mailing Address 8405 Laurel Lakes Blvd Suite, Apt. #, etc. 8405 Laurel Lakes Blvd	
City & State Naples, FL		City & State Naples, FL	
Zip 34119		Zip 34119	
Country Collier		Country Collier	
4. FEI Number 20-3029962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORSO, MICHAEL F 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119		7. Name and Address of New Registered Agent Name: CORSO, Michael F. Street Address (P.O. Box Number is Not Acceptable) 8405 Laurel Lakes Blvd. City: NAPLES FL Zip Code: 34119	
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: 		(Address change only) 10/18/06	
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CORSO, MICHAEL F 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORSO Michael F. 8405 Laurel Lakes Blvd. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WENDELL, WILLIAM M 1368 BERKSHIRE RD STOW, OH 44224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081124172 10/23/06--01062--008 **158.75
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: 		Michael F. Corso 10/18/06 Director	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	