2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053241

1. Entity Name
CORSO COMPANIES, INC.

FILED
06 OCT 23 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119	8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119

10182006 REIN-P : CR2E098 (11/05) 06

2. Principal Place of Business	3. Mailing Address
8405 Laurel Lake Blvd	8405 Laurel Lake Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34119 Country: Collier	Zip: 34119 Country: Collier

4. FEI Number: 20-3030044 ☐ 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
CORSO, MICHAEL F 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119	Name: Corso, Michael F. Street Address (P.O. Box Number is Not Acceptable): 8405 Laurel Lake 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) DATE: 10/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CORSO, MICHAEL F 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORSO, MICHAEL F. 8405 Laurel Lake Blvd Naples, FL 34119	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700081124207 10/23/06--01062--009 **158.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/26	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 10/22/06 330219 4267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Director — Date — Daytime Phone #