

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000053241		
1. Entity Name CORSO COMPANIES, INC.		

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



10182006 REIN-P CR2E098 (11/05) 06

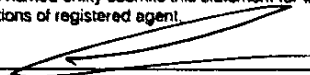
Principal Place of Business 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119	Mailing Address 8304 KEY ROYALE CIRCLE UNIT 1713 NAPLES, FL 34119
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2. Principal Place of Business 8405 Laurel Lake Blvd Suite, Apt. #, etc.	3. Mailing Address 8405 Laurel Lake Blvd Suite, Apt. #, etc.
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City & State Naples FL	City & State Naples FL
Zip 34119	Country Collier

8. 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 LAKE BLVD City: Naples FL Zip Code: 34119	
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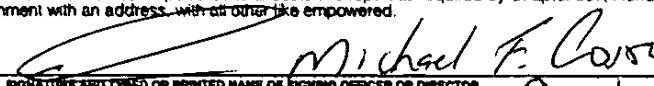
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (Address Change only) 10/18/06
NOTE: Registered Agent signature required when reinstating. 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.
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  10/23/06 330219 4267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #