


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000063837		
1. Entity Name GREGORY OSCEOLA BUILDING COMPANY, INC.		

Principal Place of Business 6341 NW 34TH STREET HOLLYWOOD, FL 33024	Mailing Address 6341 NW 34TH STREET HOLLYWOOD, FL 33024
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2. Principal Place of Business - No P.O. Box # # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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6. Name and Address of Current Registered Agent WYLIE, JACK 24318 US HWY 19 NORTH CLEARWATER, FL 33763	
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10162007 REIN-P CR2E098 (1/97)

REINSTATEMENT

4. Fee Number
NOT APPLICABLE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Jack Wylie* 10/16/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	DPST OSCEOLA, GREGORY A 6341 NW 34TH STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300111288713 10/28/07--01057--012 ++158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gregory A. Osceola* Gregory A. Osceola 10/16/07 727 644 3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

FILED
07 OCT 23 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Mitchell OCT 23 2007