

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000066780

1. Entity Name
MISTY LAY, INC.



FILED

06 OCT -2 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
115 W 8 ST
LAKELAND, FL 33805

Mailing Address
115 W 8 ST
LAKELAND, FL 33805

2. Principal Place of Business

3. Mailing Address

859 BUTTERCUP DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

33801

Country

USA

4. FEI Number

63-8013354

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

NEMBIHARD, ENID
4689 NW 1 ST
PLANTATION, FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

10. OFFICERS AND DIRECTORS

TITLE NAME P NEMBARD, ENID ☐ Delete
STREET ADDRESS 4689 NW 1 ST
CITY - ST - ZIP PLANTATION, FL 33317

TITLE NAME V MCCALLION, AVIS J ☐ Delete
STREET ADDRESS 17947 - 35 PLACE, N
CITY - ST - ZIP LOXAHATCHEE, FL 33470

TITLE NAME VD NEMBARD, JOAN ☒ Delete
STREET ADDRESS 5390 N.W. MARA COURT
CITY - ST - ZIP PT. ST. LUCIE, FL 34986

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700080360587
CITY - ST - ZIP 10/02/06--01042--002 **150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

092706

994 776 3040

Date

Daytime Phone #