

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000075852

1. Entity Name
VERONA DEL SUR INTERNATIONAL INC



FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1806 BEL COURT
INDIALANTIC, FL 32903

Mailing Address
605 BARRETT DR
MERRITT ISLAND, FL 32952

2. Principal Place of Business
152 TERRACE SHORE
Suite, Apt. #, etc.

3. Mailing Address
80 BROADWAY
Suite, Apt. #, etc.



10052006 REIN-P CR2E098 (11/05)

City & State
INDIALANTIC FL
Zip
32903
Country
US

City & State
AMITYVILLE NY
Zip
11701
Country
US

4. FEI Number
20-2886206
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, BRADLEY M
605 BARRETT DR
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name
LINDA M BATZ
Street Address (P.O. Box Number is Not Acceptable)
SAME
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
Linda M Batz
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/5/06

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 STREET ADDRESS CITY-ST-ZIP	PRES ALTVATER, EDMUND J JR 1806 BEL COURT INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALLEY, TIMOTHY A 120 W GRANADA AVE LINDENHURST, NY 11757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KATZ, BRADLEY M 605 BARRETT DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RILEY, DEBORAH B 605 BARRETT DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOMARDO, NICOLE 605 BARRETT DR. MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800080787458 10/12/06--01068--034 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MALLEY, TIMOTHY A 152 TERRACE SHORE INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, TREAS NICOLE LOMBARDO 152 TERRACE SHORE INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *T. Lombardo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/06

Date

Daytime Phone #