

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -9 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032006 REIN-P CR2E098 (11/05)

4. FEI Number **20-3132456** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LUCAS, CHARLES MR  
8655 SADDLEBROOK CIR  
8202  
NAPLES, FL 34104

## 7. Name and Address of New Registered Agent

Name **LUCAS, CHARLES**  
Street Address (P.O. Box Number is Not Acceptable)  
**4001 SANTA BARBARA BLVD**  
**APT 254**  
City **NAPLES** FL Zip Code **34104**

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 *x [Signature]* DATE **11/3/06**  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	LUCAS, CHARLES MR	
STREET ADDRESS	8655 SADDLEBROOK CIR, APT 8202	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CHARLES	
STREET ADDRESS	4001 SANTA BARBARA BLVD	
CITY-ST-ZIP	APT 254 NAPLES FL 34104	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANISLEIDI PEÑA FIGUEROA	
STREET ADDRESS	4001 SANTA BARBARA BLVD #254	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000081665890	
CITY-ST-ZIP	11/09/06--01039--005 **158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	
STREET ADDRESS	06	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *x [Signature]* DATE **11/3/06** DAYTIME PHONE # **239-784-2868**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR