

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

08 FEB 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000081138
1. Entity Name
RICK SLUGA INC.

Principal Place of Business: 2504 REGATTA DR, SARASOTA, FL 34231 US
Mailing Address: ~~2504 REGATTA DR~~
SARASOTA, FL 34231 ~~US~~

2. Principal Place of Business - No P.O. Box #: 2504-Regatta DR.
Suite, Apt. #, etc./
3. Mailing Address: 3412-Clark Rd
Suite, Apt. #, etc.: #145

City & State: SARASOTA FL
Zip: 34231
Country: USA
City & State: SARASOTA FL
Zip: 34231
Country: USA

6. Name and Address of Current Registered Agent

SLUGA, RICKY
2504 REGATTA DRIVE
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

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: *Rick Sluga* DATE: 1-30-08
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, 2008, 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	D	<input type="checkbox"/> Delete
NAME	SLUGA, RICKY	
STREET ADDRESS	2504 REGATTA DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500117045735	
STREET ADDRESS	02/05/08--01018--001	**300.00
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 07-08^{KS}

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 for all other like empowered.
SIGNATURE: *Rick Sluga* DATE: 2-21-08 DAYTIME PHONE #: 941-780-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR