

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12122007 REIN-P CR2E098 (1/07)

| | | | |
|--|---|--|---|
| 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. | | 3. Mailing Address 3412-Clark Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. #145 | |
| City & State SARASOTA FL | | City & State SARASOTA FL | |
| Zip 34231 | | Zip 34231 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-2940490 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 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 <u><i>Rick Sluga</i></u> 1-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SLUGA, RICKY 2504 REGATTA DRIVE SARASOTA, FL 34231 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 and all other like empowered. | | | |
| SIGNATURE: <u><i>Rick Sluga</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>2-21-08</u> Daytime Phone # <u>941-780-1320</u> | |

REINSTATEMENT 07-08^{KS}

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