

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000114650

1. Entity Name
LET'S STRAIGHTEN IT OUT AGAIN, INC.



Principal Place of Business
3078 FOWLER ST.
FORT MYERS, FL 33901

Mailing Address
3078 FOWLER ST.
FORT MYERS, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-3331633

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

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPAHO BEACH, FL 33064

Name Debra Battles Gadsden

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

3003 N.E. 18th Street

Cape Coral

FL 33909

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 Debra Battles Gadsden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.30.06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BATTLES GADSDEN, DEBRA
STREET ADDRESS 3078 FOWLER ST.
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE
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CITY-ST-ZIP

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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: Debra Battles Gadsden Debra Battles Gadsden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.30.06

Date

Daytime Phone #

FILED

07 JAN -3 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2006

NDP