2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P05000147653

Entity Name: NRGL, INC.

Current Principal Place of Business:

2506 WOODPOINTE DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2506 WOODPOINTE DRIVE
HOLIDAY, FL 34691

New Mailing Address:

5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652

FEI Number: 20-2474401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPPOS, NICHOLAS G
2506 WOODPOINTE DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

DREW, KELLY
5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: KELLY DREW 10/06/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CAPPOS, NICHOLAS G
Address: 2506 WOODPOINTE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: SVD ( ) Delete
Name: CAPPOS, RHONDA
Address: 2506 WOODPOINTE DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: CAPPOS, NICHOLAS G
Address: 2506 WOODPOINTE DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: SVD (X) Change ( ) Addition
Name: CAPPOS, RHONDA
Address: 2506 WOODPOINTE DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS CAPPOS P 10/06/2006
Electronic Signature of Signing Officer or Director Date